

# CHEMIST & DRUGGIST

newsweekly for pharmacy

a Benn publication

March 12 1983

Pharmacist to  
pay £80,000  
compensation  
FPC

Recall  
Zomax  
after five  
deaths

Council to  
consider  
mandatory  
education

Provincial  
pharmacists: a  
Norwich study

Dermatologicals  
SPECIAL  
FEATURE

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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

March 12, 1983

Volume 219 No 5360  
124th year of publication  
ISSN 0009-3033

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Published Saturdays  
by Benn Publications Ltd,  
Sovereign Way, Tonbridge,  
Kent TN9 1RW  
Telephone 0732 364422  
Telex 951132

Subscription:  
Home £42 per annum  
Overseas & Fire £52 per annum  
including postage  
85p per copy (postage extra)



Member of the Audit  
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## COMMENT

### Giving the PIP

Just over a year ago the National Pharmaceutical Association took an important initiative on behalf of its members. The Association decided that the talking about a common computer code for pharmacy had to stop and that a code must be established before its potential benefits were rendered purely notional by wholesaler advances.

Accordingly, NPA founded industry opinion and then declared itself the regulatory authority for the Pharmaceutical Interface Product (PIP) code, entering into an agreement to base that code on the C&D Price List code with a modified check digit.

Since then, most C&D subscribers may be forgiven for thinking that there has been little progress — apart perhaps for the appearance of PIP codes for an expanding range of generics at the back of their monthly Price List. But *users* of the code know that it is not the case. Behind the scenes there has been a great deal of work to prepare the code for the massive expansion in its use expected this year, and a representative panel has been co-ordinating developments and tying up the loose ends.

But not everyone is happy about PIP code, notably Unichem who have fought it from concept to fact. Their latest attack is published in *ANA News* the newsletter of the Article Number Association, in which Brian Hammond (Unichem's information services manager) "explains the case for EAN coding" — but at the same time distorts the truth about PIP code. Although NPA and C&D hope to produce a progress report on PIP code within the next couple of months, we feel the record must be put straight now, particularly for the benefit of those manufacturers who have been responding to NPA initiatives to extend the codes use. First however we must repeat what Mr Hammond says:

"In 1980-81, a non-representative working party under the direction of the National

Pharmaceutical Association recommended the introduction of a common coding system for the pharmaceutical industry, known as the PIP (Pharmaceutical Interface Product) code. This coding system has never been fully accepted as a standard within the industry as Unichem, like most of the manufacturers, are not prepared to invest in the changeover to an interim coding system."

### Visit to 'wonderland'

From that evidence, we can only think that Mr Hammond has been visiting Alice's "Wonderland" because, as the Caterpillar says: "It is wrong from beginning to end."

To take the beginning first. The "non-representative working party" comprised representatives from the Association of the British Pharmaceutical Industry, Boots Co Ltd, Department of Health and Social Security, National Association of Pharmaceutical Distributors, National Pharmaceutical Association, Pharmaceutical Society of Great Britain, Prescription Pricing Authority, Proprietary Association of Great Britain, Vestric Ltd and Independent Chemists Marketing Ltd, together with Mr Roger King, an independent chemist with pioneering computer experience. Furthermore, the working party was set up by a meeting at which were represented, in addition to the above, the Co-operative Technical Panel, the Company Chemists Association, the Pharmaceutical Services Negotiating Committee, and many individual chemist groups and wholesalers (including Unichem).

### Nothing secret

There was nothing secret about the meeting — it was fully reported in the pharmaceutical Press. Nor was the working party "under the direction of the NPA." Certainly Mr Arthur Trotman, managing director of ICML, pressed the concept and took the original initiative to call interested parties together, but once the working party had reported he left the centre stage.

*Continued on p429*

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## Pharmacist to pay £80,000 for fraud

Pharmacist Bernard Masters has been found guilty of obtaining more than £80,000 from the National Health Service by fraudulently altering prescriptions. He was jailed for 24 months and ordered to repay the money to the Family Practitioner Committee.

Mr Masters, of Hillside Drive, Edgware, North London, was found guilty at Kingston Crown Court last week on each of ten charges of obtaining money by deception. The sentences were made concurrent and Mr Masters was ordered to serve 18 months immediately, the rest suspended for two years.

He pleaded guilty to the ten charges and asked for 408 similar offences to be taken into consideration. Judge Anthony Allen was told that the charges involved

prescriptions made out between January and July last year for medical supplies sent to the Royal Star and Garter Home for disabled ex-servicemen at Richmond, Surrey.

### Scripts for 1,000 items

Some of the scripts were made out for such items as 1,000 gauze swabs, thousands of rolls of bandages and large quantities of various drugs.

Mr Masters' business address was given as Clifford Evans of 135 Labroke Road, Notting Hill, West London, where he had practised since 1966. The judge ordered Mr Masters to pay £80,000 compensation to the Kensington, Chelsea and Westminster Family Practitioner Committee.

## Zomax recalled after US deaths

Zomax has been temporarily recalled in the UK by Ortho-Cilag Pharmaceutical Ltd, a subsidiary of Johnson & Johnson Ltd, following reports of five deaths associated with the drug in the United States. The decision was taken voluntarily by the company after discussion with the Department of Health.

A spokesman for Ortho-Cilag said that distributors in other countries would consult with the appropriate authority to decide on recall.

The drug was introduced in the UK two years ago and in the US by McNeil Pharmaceuticals and subsequently in certain European countries. Ortho-Cilag say that since then over 20m patients worldwide, including one million in the UK, have taken the drug.

### Anaphylactic reactions

In the US anaphylactic reactions were noticed during the post marketing surveillance: the company says that one year ago physicians in the US were alerted to this. At the same time the prescribing information in the UK was appropriately modified and sent to all physicians, re-emphasising the warning already given to avoid the use of Zomax in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs, says the company.

The situation has continued to be monitored closely, say Ortho-Cilag. Two of the five patients who died in the US

were known to be sensitive to aspirin and the use of Zomax was specifically contraindicated the company says. Three of the deaths are still under investigation.

Ortho-Cilag say that in the UK and other European Countries up to February 1983 there had been no reports of deaths due to allergic reactions to the drugs but there have been 14 cases of reactions to the drug in the UK which required treatment.

### Temporary withdrawal

In the US McNeil have voluntarily agreed with the Food and Drug Administration to temporarily withdraw Zomax, pending changes to their prescribing information. Ortho-Cilag say they have decided to follow a similar course of action.

Pharmacists are being notified to return stock to suppliers for full credit. Patients are advised to return unused tablets to the supplying pharmacist for destruction and to consult their doctors.

Labour MP, Jack Ashley, this week demanded a Commons statement by Norman Fowler, Secretary for Social Services, about drug safety following the "sudden withdrawal" of Zomax.

Mr Ashley said "it is remarkable that our drug safety authority apparently received no information which would justify action until the firm itself suggested withdrawing the drug following deaths in the US." Mr Ashley said that people in Britain taking the drug were entitled to assume the Committee on Safety of Medicines "would be in touch with the FDA and alert us to any danger".

## Supervisory role rejected by MAFF

The Ministry of Agriculture has finally rejected the proposal that sales of veterinary medicines should be supervised by a pharmacist. The present position requires that a responsible person with appropriate experience should oversee the sale of products in the Merchant's List. "Ministers feel that no amendment to the legislation is required."

The Veterinary Products Committee had proposed that after a five year transitional period products on the Merchant's List should be sold only from premises employing a pharmacist to supervise sales. This proposal was rejected in a consultative document issued by MAFF last July (C&D July 31, p196).

Revisions to the consultative document have been made available this week. Statutory changes will be effected by an amendment to the Medicines (Exemptions from restrictions on the retail sale or supply of veterinary drugs) Order 1979.

The recommendation that all agricultural merchants wishing to sell Merchant's List products should be required to list their premises annually with the Pharmaceutical Society (or Department of Agriculture for Northern Ireland) has been accepted.

The Society and DANI will also be given powers to remove unsuitable premises from the list — but the procedure will be kept under review and could be revised if problems occur. Ministers feel the Society should remain the authority for inspection and enforcing this legislation. It was felt that fees should be charged when premises are listed and that it would be appropriate that a proportion of these should contribute to the operating costs of the Animal Health Trade Association's Group.

A temporary system is proposed for the sale of horse wormers to non-commercial keepers of horses. A separate list of horse wormers, together with a list of saddlers authorised to sell them will be drawn up. This system will operate for three years after which the situation will revert to the one currently in operation. This will allow pharmacists time in which to make arrangements to cater for supplies.

The Society's Agricultural and Veterinary Pharmacy Committee will be meeting on Thursday to consider the MAFF decision. Assistant secretary Bruce Rhodes says he is "naturally disappointed," but the decision was "largely in line with what one expected from the last MAFF document."



## PIP: common code for pharmacy now

We cannot again reproduce here the working party's report (the full text was published in *C&D* April 18, 1981) but its main conclusion was that a common code was needed by pharmacy *now*, not in an unspecified period of time when EAN might be universal. Only when NPA saw that conflicting interests might prevent the recommendations being brought into effect did it take the lead. And, frankly, a major motive was to ensure that NPA's independent pharmacist members retained their independence against the growing threat of being tied to a single wholesaler by a computer system with an exclusive code. Already, it must be remembered, independent bureaux were offering hardware and management data facilities which would allow the pharmacist to retain the services of more than one wholesaler, while still opting into the computer revolution.

### Supplement to EAN

"Never been fully accepted as a standard?" Not as the *only* standard — of course not, it was never intended to be. But as a supplement to EAN with some considerable bonuses for the retail user, the code already is a "standard." Retail pharmacy point-of-sale systems have already arrived, and computerised order transmission is following fast. In the latter area, Unichem led the way — using a six-digit code of their own. If they are so satisfied with bar coding progress (20 per cent of chemist products EAN coded, Mr Hammond says) why do they not immediately abandon *their* code? Could it be they do not relish the prospect of other wholesalers providing portable data terminal (PDT) ordering facilities? Or of chemists installing independent POS systems now?

### PIP code usage

Make no mistake, the alternatives *are* becoming available. Vestric's Link (1,600 installed and over 2,000 by June) accepts PIP code as an alternative to the group's own alpha numeric code; some Numark group wholesalers already use PIP code internally and all will use it for PDT-transmitted orders (at least 500 terminals to be in use by later this year); Independent Retail Computer Systems bureau POS systems operate on PIP code and many other systems will recognise it; some pharmacy-orientated manufacturers are including the code on packs, and many others are asking for advance allocation of codes so that wholesalers and chemists can be notified at the time of product launch. In addition, several computerised script-labelling systems use or can use the code.

Mr Hammond's article implies that PIP code has been proposed as a replacement for EAN. It has not. For many it may merely fill the unknown time gap until EAN is universal and every pharmacy has a laser check-out or bar code reading facility. But for others it will provide a longer term operating code because, unlike EAN, it is structured into product groups for the provision of sales analysis and other management data. Another factor is that a constantly updated code source is available through NPA and in the *C&D* weekly price service: in the case of EAN, code allocation is in the hands of each manufacturer and there is no possibility of a central file.

### Working party backing

We can see no reason for Unichem's attack on PIP codes unless they are worried about its advance. PIP code is no threat to EAN: NPA supports it, *C&D* supports it, the industry supports it, and because it will eventually maintain their independence, retail pharmacists should support it. Perhaps we should remind Unichem of the "unrepresentative" working party's own conclusion:

"The European Article Number (EAN) system will become the standard for most fields of distribution, and will be the preferred code for direct electronic data entry via lightwand, scanner, etc. Its implementation must be promoted positively, and all manufacturers of products distributed through pharmacies are urged to join the Article Number Association (UK) Ltd (ANA) and to commence source marking of those products."

"In the immediate and shorter terms, an alternative/additional coding system would be valuable to retailers and wholesalers and the concept of the Pharmaceutical Interface Product Code (PIP code) allows this to be introduced without requiring replacement of existing internal product coding systems."

Nor will PIP code delay EAN: we know of no manufacturer proposing to put PIP codes on his packs *in preference* to EAN (though some are doing both).



Mr Derek Smith, MPS, of Audlem, Cheshire, (right) receiving first prize of silver "pieces of eight" worth £1,000 in a recent Redoxon "Black Pete's treasure hunt competition", from Colin Hyne, consumer products manager of Roche Products Ltd. Mrs Brenda Frymann, MPS, of Carlton, Nottingham, won second prize worth £500.

Indeed, although Mr Hammond claims Unichem are promoting EAN by incorporating bar codes on own brand products, he fails to point out that ICML have been putting both bar and PIP codes on their new packs for some time now. Indeed, as the PIP code regulatory authority, NPA is encouraging a standard design for the position of the two codes.

### PIP perpetuates independence

To sum up: PIP code is here; it is designed to be of benefit to the independent retail pharmacist and to help perpetuate his independence, it is a supplement, not a replacement, for EAN that offers additional functions not available through EAN. Perhaps Unichem should consider giving their computer tied customers some freedom of movement, just as PIP code wholesalers are doing. Meanwhile, manufacturers and retailers who wish to know more about PIP code are invited to contact Mr Brian Dossier, National Pharmaceutical Association, Mallinson House, 40 St Peter's Street, St Albans, Herts.



"It's alright officer. It's just ANP members coming to put pressure on the Society."



# PSGB to reconsider mandatory education

The Pharmaceutical Society's Council is to give further consideration to whether a mandatory continuing education requirement should be an objective.

The Postgraduate Education Committee had recommended such a course of action as a matter of principle, proposing also that participation would not be enough and that some method of evaluation would be needed.

However, the principle was strongly opposed by some members of the Education Committee, who suggested that it was not reasonable to expect legislation permitting the removal from the Register of senior pharmacists who were not completing the requirements; that there was no reason for the Society to take the lead among the professions in this respect; that there was no identifiable demand from the public or patients, nor any evidence that the requirement would be a protection for the public; that the Council could not be expected to accept a broad principle without considering the full implications; that no pharmacist had so far been removed from the Register for incompetence; that duress was an inappropriate environment for education, and that there was no evidence that the present situation resulted in a deleterious pharmaceutical service.

Members in favour of the recommendation pointed out that it referred only to a long-term objective. They said that previous attempts to increase participation had not been noticeably successful; that there was sympathy for the concept among members of other professions who were concerned with postgraduate education; that the Council and the Committee wholeheartedly supported continuing education, and that a mandatory requirement would provide the motivation needed by many pharmacists; that the Education Committee should be working towards continuing education for the majority of the profession who were not currently participating; that the Council should not adopt a negative approach of awaiting the stimulation of others; that the acceptance of the objective would itself stimulate increased participation; and that the Council should not continue to follow policies which were proving unsuccessful.

After a long debate, the Education Committee took the view that a decision on the principle should not be made without a detailed examination of all the implications, including legal aspects.

When the question came before the full Council, Mr J. Iles said that the Council should not denigrate itself over the numbers of people who attended

courses. Those who did so received nothing for it but the pleasure of going. Doctors had had incentives to attend postgraduate refresher courses at one time, but now the incentives had been removed, the courses were hardly viable. The recommendation was adopted, however, after other members had stressed that it referred only to a study of the implications before Council came to a decision.

## Batch marking medicines

Professor A.H. Beckett moved: "That for the protection of the patient, the container of a medicine provided to a patient from the outpatient departments of hospitals or from community pharmacies must declare the name of the manufacturer or supplier and the batch number of the product."

It was well known, he said, that not all products of the same drug were equivalent in efficacy and side effects. Thus, it was important to be able to trace the source of the product if pharmacists were to play a realistic role in the reporting of the side effects. Furthermore, if, for any reason, there was a product recall, the need for identification of the product supplied was imperative.

## Greenfield again . . .

The Greenfield report, expressed concern about the implication for doctors and chemists where the manufacturer could not be identified. Professor Beckett argued that protection of the patient also demanded that the source be known. If Council accepted that it was logical and right on behalf of the patient, then the problem of sticking on a label provided by the industry with a batch number if the bulk were broken, could be relatively easily solved.

The Treasurer, Mr J.P. Kerr, suggested Council should say that every batch of generic drugs put on the market in Britain should show the original manufacturer and the batch number. That would mean that one would know

from where generics were being bought. Professor Beckett replied that the name could be that of the company responsible for marketing. Mr D. Dalglish felt that would be unacceptable under EEC legislation, since the name on the data sheet must be the manufacturer.

Dr D.H. Maddock asked the relevance of the manufacturer's name to the pharmacist's duty with regard to patient care. He personally was interested only in knowing that the marketing company was a reputable agency, in order to establish whether the material it marketed was good. Original pack dispensing would be the real solution.

Mrs L.J. Stone said that patients did not absorb all the information given to them by doctors or pharmacists, whether it was spoken or written. The information suggested by Professor Beckett would confuse them.

Mr M. Gordon believed Professor Beckett's proposal was impracticable in the normal pharmacy. Pharmacists were being asked to affix different labels and to counsel. How much time would be left to the community pharmacist if he were being asked to do things which should be covered by original pack dispensing? Mr J.A. Myers felt that identification should be on the tablet.

Dr T.G. Booth argued that in any civil action for negligence the defence must include identification of the product; any pharmacist who did not take note of that left himself open to action.

The motion was lost, but Professor Beckett reserved the right to speak publicly on the subject, although he differed from Council.

Council is not to introduce peer review into the Society's pre-registration experience requirements, but is to encourage pharmaceutical officers to examine the benefits of peer review in relation to hospital graduates at the end of their preregistration year. It is not to be a requirement because it is currently being developed only within the managed service.



Mr Don Ross, MPS, chairman of Numark (left), being presented with an "atmospheric clock" by the chairman and managing director of Colgate-Palmolive, Mr John McLean at a surprise ceremony at the company's headquarters in London. The clock was 'presented to commemorate Numark's £1m plus sales of Snugglers disposable nappies during 1982.' The directors of Independent Chemists Marketing Ltd were also presented with a carriage clock each. Looking on are, left to right, Mr Arthur Trotman, ICML managing director, Mr David Coleman, Mr John Forster, Mr Bill Cox, vice-chairman ICML, Mr David Wright, Mr Tim Astill, chief executive of the National Pharmaceutical Association and Mr Marshall Gellman.



## Brand name confusion

The Society has sent a letter to the Minister for Health, with the support of the General Medical Services Committee, expressing concern at the proliferation of medicinal product brand names capable of confusion. Both organisations believed steps should be taken to prevent a deterioration in the situation, but accepted that little can be done about names now in common use. The Society's law department has written to the Comptroller of Trade Marks.

It was also reported that the Society has written to the Department of Health asking for a report on the current position, and any proposed action, with regard to sales of "vitamin B15" and "vitamin B17."

## Reaction reporting

Following an approach to the Committee on Safety of Medicines about adverse reaction reporting by community pharmacists, the Society is now making proposals to a joint working party of the CSM and the Committee on Dental and Surgical Materials, which is considering the role of ophthalmic opticians and pharmacists in this respect.

A letter is to be sent to the Licensing Authority pointing out the part that pharmacists could play in monitoring drug interactions and adverse reactions in the elderly, particularly patients taking a number of medicines.

The letter will welcome the CSM's advice that manufacturers should provide the Licensing Authority with more information on the absorption, distribution and metabolism of drugs in the elderly, particularly when the elderly were the main users of a drug. The letter will point out that it is not possible to lay down simple rules relating dosage to age or weight, because many bodily functions do not decline with age in a regular or consistent way in individuals.

It was reported that the Centre on Policy for Ageing has turned down a request from the Society for representation on a working party established to produce a code of practice on residential homes. The reason given was that the constraints imposed by the parliamentary timetable meant that the working party had to be small in order to respond rapidly, and it was impracticable for it to be representative of all specialist groups with an interest in residential homes. However, the working party would consider written evidence and, where appropriate, consult further with individual organisations.

The Practice Committee noted that the working party had the Society's response on the Government's document "A good home," and additional evidence regarding the control of medicines in residential homes had been submitted.

It was reported that the Health Education Council has decided to establish a pharmaceutical advisory group under the chairmanship of Mr D.N. Sharpe, who is a member of the HEC.

The group would offer advice to the HEC on specific ways in which pharmacists were, or could become, involved in health education and how pharmacies could be used as distribution points for information and advice.

The Society's working party on information to patients has been asked to complete its work on warning labels as soon as possible, because of the urgent need for a uniform system and to assist pharmacists who are obtaining automatic labelling equipment.

The Society is asking to be involved in any discussions between the Department of Health and the Prescription Price Authority if PPA is to make prescribing statistics available for sale once it has changed to computerised data capture.

The Ethics Committee considered a paper on the subject by Mr B. Silverman, and agreed to three of his proposals: (a) that no one marketing organisation should be given the monopoly to retail the information; (b) that information supplied by the PPA should be sufficiently processed to ensure that confidentiality of information relating to individual practitioners was guaranteed; and (c) that information which distinguished between pharmacists, types of pharmacy and medical practices should in no circumstances be provided, neither to approved marketing companies nor to the Department itself. Council agreed to inform the Department of the Committee's views.

## Go-ahead for NPA bag

The Society has no objection to the design of a proposed plastic carrier bag for use by pharmacies, to be distributed by the National Pharmaceutical Association. The bags would bear the words, "Ask your pharmacist. You'll be taking good advice." On the recommendation of the Ethics Committee, Council agreed that it would not object to the use of those words, together with the name and address of the pharmacy owner, provided that the only restricted title used was the word "chemist."

☐ The Society's research training support grant is to be increased from £300 to £400, with effect from April, to keep it in line with the equivalent grants of the Science and Engineering Research Council.

☐ The maximum cover under the Society's professional indemnity insurance scheme for hospital pharmacists is to be doubled to £500,000 and the policy extended to provide cover for legal representation at tribunal hearings. The premium for 1983-84 will be held down to £25 by the return of the Society's 1980 profit commission, representing about £2 per member of the scheme.

## Presentation to Society

Dr Douglas Whittet (former chief pharmacist to the Department of Health) presented to the Society a pestle and mortar to mark the fact that he is the first pharmaceutical Master of the Worshipful Society of Apothecaries for 200 years. ■

# 'Reckless' prescribing doctor struck off

The name of a doctor who was said to have prescribed in a "reckless" and "blatantly irresponsible" way for a patient with a history of serious drug abuse was ordered to be struck off the Medical Register this week.

The General Medical Council's Professional Conduct Committee was told: "His regime of prescribing for this particular patient was so reckless, so blatantly irresponsible in relation to the variety of the drugs prescribed, the quantity of drugs prescribed at any one time, and the frequency of repeat prescriptions, that it did not amount and could not amount to proper treatment at all, judged by any reasonable standards."

The allegations were made by Mr Paul Honigmann, solicitor for the council, in the case of Dr Andrew Sanjana, of Lawrence Street, Kelty, Fife, who was found guilty of serious professional misconduct for issuing NHS prescriptions for drugs "otherwise than in the course of bona fide treatment."

Mr Honigmann stressed that there was no evidence that Dr Sanjana, who did not attend the hearing, had gained any financial benefit from this.

The hearing also considered a conviction he had at Dunfermline Sheriff Court on two charges of issuing a prescription for a Controlled Drug not written in his handwriting. The court had fined him £20 in December 1981.

## Blank prescriptions

The doctor's court appearance followed a routine inspection of chemists' prescriptions. It was deduced that a number of blank prescription forms had been signed by Dr Sanjana and left with chemists.

Mr Honigmann said that the doctor, due to retire in a year, had told police that he operated this system for repeat prescriptions but always checked them before the drugs changed hands. He lost his authority to possess or prescribe Controlled Drugs in February 1982.

The Doctor has 28 days to appeal against the striking off order.

# Pharmacy numbers up

Pharmacy numbers continued their upward trend in February after a small reversal the month before. The number of premises on the Society's Register rose by ten to 10,832. During the month 36 pharmacies opened up and 26 closed down.

In England 33 shops opened up (seven in London) and 21 closed down (two in London). There were two openings and two closings in Scotland — in Wales one Pharmacy opened up but three closed down.



## Parliament this week for Clothier?

The Clothier Regulations, now with the Secretary for Social Services for approval, are expected to be laid before Parliament on Friday after *C&D* has gone to Press.

## LPC resolution on BPA amended

The Pharmaceutical Services Negotiating Committee has now published a supplementary agenda for the Conference of Local Pharmaceutical Committee representatives in April including amendments to a resolution on the Basic Practice Allowance.

Somerset & Dorset have tabled an amendment to a joint resolution from Birmingham LPC and St Helens and Knowsley FPCs to read: "That for those pharmacies at present entitled to a BPA and to such pharmacies as may meet the criteria in the future the BPA be raised to not less than £5,000 per annum to be updated annually by indices so that a rational location of pharmacies may soon be realised rather than remain a dream."

### Inspections for BPA

Additional resolutions omitted from the agenda include one from St Helens and Knowsley LPC: "This Conference considers that critical inspection of premises prior to the granting of a Basic Practice Allowance or the continuation thereof should be welcomed as a price to be paid for any protection gained."

Leicestershire LPC will propose: "That this Conference deplores the DHSS decision not to allow deputies for the LPC nominees appointed to FPC's."

■ Issues of *Chemist & Druggist* published on February 26 and March 5 were incorrectly numbered 5357 and 5358 respectively. The numbers are 5358 (February 26) and 5359 (March 5).

■ *C&D* Price List subscribers are warned that because of production difficulties, a small part of the "cumulative amendments" section of this week's Supplement has been omitted. The products concerned fall between LEF and MED and will be repeated in next week's Supplement.

## PEOPLE

Mrs E.J.M. Leigh is to receive the Pharmaceutical Society's charter gold medal for 1983. Mr F.J. Reynolds, Birmingham, is the recipient of the charter silver medal. The presentations are usually made at the Society's annual meeting in May.

# TOPICAL REFLECTIONS

By Xrayser

## Computations

Things are beginning to hot up! This week alone I have had a mailing from a pharmacy computer firm, a notice from the National Pharmaceutical Association full of good sense as well as a list of firms who are currently offering us equipment, while in *C&D* we received a supplement sheet from John Richardson.

Since I last wrote on the subject I have had a bundle (a good many bundles in fact) informing me of what is around and I have been out and about as a prospective buyer. So far I have seen about 16 different rigs, some of them working in pharmacies. To be frank they are, with the possible exception of two, far too expensive for me. I don't think I would buy any of them and reckon the question we *have* to ask ourselves is not, "What else will it do?" but, "What don't I want?"

Years ago when I was struggling to make my way, I went to a show — Hobbies, I think it was in those days — to see whether I could buy the tools I needed to do some of the work around the house to save money. I was persuaded to buy this marvellous drill which, with half a dozen easily-attached attachments, could drill holes, saw wood, turn spindles as a wood lathe, grind tools as a grinder, drive pumps, power the lawn mower, cut hedges . . . etc. There seemed no end to the marvels it could do. *Could*, being the operative word. It was possible . . . if you had all day and could be bothered to keep adding and subtracting bits all the time. In the end it didn't have the power to do anything decently. If we are not jolly careful we could end up the same way. I am now clear about my needs. They may not be yours. I only want a straightforward labeller. But it has to be quicker than the typewriter, has to give repeat labels by a one-press key, has to give the appropriate drug warnings automatically, and should print the number or quantity given.

I don't want stock control because it is not worth the trouble when, if you want it, the wholesaler will give you a printout. And, if you are using a machine with tape loading, the daily input and output of stock data in addition to the labelling programme could take up to 15 minutes morning and night. It's a chore . . . and tapes wear out. As for anticipating re-orders? If you can't re-order before you run out you don't know your business.

Although some programmes will price private scripts the labour of inputting and updating drug prices has taken account of that, unless the volume is considerable, I can't see the point now we have a

straightforward official method.

As for accounts and wages? Way out of my league, with my full complement of four, some of them part-timers. While my accounting system is cut to the bare minimum and isn't too hard to manage. I'd tremble to have to trust a tape.

Finally, if you have a relatively compact dispensary the size of the machines is important. Some of them take up a four-foot run of bench space as well as the shelf above, and have yards of cables snaking all over the place. I certainly don't intend to spend the best part of the next ten years dispensing time staring into a television screen not two feet from my eyes. My ideal dream-machine now begins to take shape at about 12 sq in, 3-4 in deep, with a narrow dot matrix printer. (With a buffer. Without one you have to wait till the label is printed before you can type the next. Infuriating!) This printer to be an attachment easily removable for servicing or exchange, but fitted to the *side* of the keyboard, so staff can remove the labels as they come out. It should have a serrated blade or guillotine so that whole strips can be taken, instead of this daft business of having to peel sticky labels out of machines like the Epson or Oki. Good printers no doubt, but not designed for our job. Finally the screen should be one of the new liquid crystal boards which are coming onto the market quite cheaply and can display enough to cover our labelling needs.

And the price for this permanent-memory marvel? How about four or five hundred pounds? I'll buy if the printer is OK, though I doubt if the new little Epson is up to it.

## Frogleap

There's a great croaking in the old swamp tonight. The new young frogs who jumped into the splashiest spots where they could eat up all the lovely tit-bits before they got to the silly old frogs who had stayed where they had been for years, have suddenly discovered their luscious food is going to be a bit dehydrated in the near future. "We didn't think it was going to turn out like this," they are reported to have said. "We thought we were doing everyone a great favour."

The funny thing is that where a new opening occurred for which there was a valid need, even though it may have been between a surgery and an existing pharmacy nearer that one kilometre, local Pharmaceutical Committees have approved a Basic Practice Allowance? It is just possible that some of our fresh fat frogs may find themselves on a diet? Pass the hankie, I'll weep for them.



**It may look like soap... but your customers  
will appreciate the difference.**



RoC Compact Facial Cleanser is quite simply... unique. The convenient travel pack contains a long-lasting bar of solid cleansing milk which is suitable for any skin type. There are no perfumes or colourants. No drying alkaline soap to upset the skin's natural acid balance. Just add a little water for a smooth, creamy emulsion that will leave the skin wonderfully fresh. And naturally healthy.

This refreshing cleanser is part of RoC's superb hypo-allergenic skin care range from France. There's a comprehensive beauty programme for each skin type. And you can recommend RoC products with complete confidence, because every ingredient has been dermatologist tested for tolerance by even the most sensitive skins.

So help your customers take better care of their skin. With safe, gentle RoC.

# RoC

**HYPO-ALLERGENIC\* BEAUTY PRODUCTS  
WITHOUT PERFUME**

\* Formulated to minimize the risk of allergy.



Laboratoires RoC (UK) Ltd. 13 Grosvenor Crescent. London SW1X 7EE. (Tel. 01-235 9411)



# PRESCRIPTION SPECIALITIES

## Diane tablets

**Manufacturer** Berlimed Pharmaceuticals, Burgess Hill, West Sussex RH15 9NE

**Description** Pink, sugar-coated tablets bearing a "C" in a regular hexagon on both sides, and containing cyproterone acetate 2mg and ethinyloestradiol 0.05mg

**Indications** Severe acne refractory to long term antibiotics, and idiopathic hirsutism of mild to moderate origin

**Dosage** One tablet daily for 21 days starting on the fifth day of the menstrual cycle (the first day of menstruation counting as day one). Each subsequent course is started after seven tablet-free days. When used as a contraceptive the above instructions must be rigidly adhered to. Other contraceptive precautions (excluding oral contraceptives and other hormonal methods and rhythm, temperature or cervical mucus methods) should also be taken during the first 14 days of tablet taking. Should bleeding fail to occur at the usual time the possibility

of pregnancy must be excluded before the next pack is started. If a delay of more than 12 hours should occur after a missed tablet, the tablet should be omitted, and the remaining tablets taken at the usual time on the correct days. Extra precautions (not rhythm, temperature or cervical mucus) should be used until the next withdrawal bleed. Mild laxatives do not impair contraceptive action

**Precautions** Metabolism of the drug may be increased and contraceptive efficacy reduced by barbiturates, phenytoin, phenylbutazone, rifampicin, ampicillin and other antibiotics, additional methods of contraception (excluding oral contraceptives and other hormonal methods) should be taken during treatment with these drugs

**Contraindications warnings etc** Lactation, otherwise as for other preparations containing cyproterone acetate or ethinyloestradiol

**Packs** 3 x 21 blister memo strips (£9.90 trade)

**Supply restrictions** Prescription only  
**Issued** March 1983.

## Nitrocine injection

**Manufacturer** Sanol Schwarz Pharmaceuticals Ltd, The Limes, 130 High Street, Chesham, Bucks HP5 1EF

**Description** Isotonic sterile solution containing 1mg per ml glyceryl trinitrate in 10ml ampoules or 50ml glass bottles

**Indications** Rapid control of hypertension during cardiac surgery. Control of myocardial ischaemia during and after cardiovascular surgery. Treatment of unresponsive congestive heart failure secondary to acute myocardial infarction. Unstable angina which is refractory to  $\beta$ -blockers and sublingual nitrates

**Dosage** Should be diluted before IV administration, in sodium chloride or dextrose injection. Dosage range is 10 to 200 mcg per minute but up to 400 mcg per minute may be necessary during surgery

**Contraindications** Hypersensitivity to nitrates, marked anaemia, severe cerebral haemorrhage, uncorrected hypovolaemia or severe hypotension and patients predisposed to closed angle glaucoma. Safety in pregnancy and lactation not established

**Precautions** Close attention should be paid to pulse and blood pressure during administration. Use with caution in patients with hypothyroidism, liver or renal disease, hypothermia and malnutrition

**Pharmaceuticals precautions** Admixtures stable for approximately 24 hours at room temperature. Opened ampoules or bottles should be used immediately.

Incompatible with PVC

**Packs** Ampoules: 10 x 10ml (£94.50 trade). Bottles: 5 x 50ml (£110.75 trade)

**Supply restrictions** Prescription only  
**Issued** March 1983.

## Norcuron injection

**Manufacturer** Organon Teknika Ltd, Teknika House, Cromwell Road, St Neots, Huntingdon, Cambs PE19 2EU

**Description** Ampoules with 1ml aqueous solution containing 4mg vecuronium bromide

**Indications** Non-depolarising neuromuscular blocking agent with short to medium duration of action. Used as an adjuvant in surgical anaesthesia to relax skeletal muscles. It has no cumulative effects and elimination half life ranges from 30 to 70 minutes

**Dosage** For intubation and subsequent surgical procedures initial dose 0.08 to 0.1 mg per kg intravenously (good to

excellent intubation conditions within 90 to 120 seconds). Incremental doses 0.03 to 0.05 mg per kg. Dose reduction is recommended in obese patients. Not for use in neonates or children

**Contraindications, warnings, etc** Not recommended in pregnancy. See data sheet for further information

**Pharmaceutical precautions** Compatible with 0.9 per cent sodium chloride solution, 5 per cent glucose solution, Ringer's solution and Ringer-glucose solution. The diluted solution is stable for 24 hours at room temperature. Stable for three years, stored below 25°C in the dark

**Packs** 50 ampoules Norcuron and 50 ampoules of solvent (£60.00 trade)

**Supply restrictions** Prescription only  
**Issued** March 1983.

## Glucose strips VATless

Blood glucose reagent strips are now exempt from VAT, the Inland Revenue has decided. With immediate effect both Visidex and Dextrostix will be exempted. *Ames Division of Miles Laboratories Ltd, PO Box 37, Stoke Court, Stoke Poges, Slough SL2 4LY.*

## Fluanxol tablets

Fluanxol tablets are now available in 1mg strength (6 x 10 blister strips £7.63 trade). The tablets are red, round biconvex and sugar coated 8mm diameter with "Lundbeck" in white on one face. New data sheet indications include an initial dose in the elderly of 0.5mg with a maximum of 2mg daily. The 1mg tablets have a shelf life of three years. *Lundbeck Ltd, Lundbeck House, Hastings Street, Luton, LU1 5BE.*

## Astra mouthpiece

Astra Pharmaceuticals Ltd have redesigned the mouthpiece for their Nebuhaler. Young children are among patients likely to derive greatest benefit says the company. The new mouthpiece will be fitted to all Nebuhalers from March 14 onwards and is the same size as that of a standard Bricanyl inhaler. It also incorporates a ring to prevent patients from occluding the exit hole of the one way valve. Extra mouthpieces can be obtained from Dr P. Kirby. *Astra Pharmaceuticals Ltd, St Peter's House, 2 Bricket Road, St Albans, Herts.*

## Isoket down 10

The 60 tablet pack of Isoket Retard is being replaced by a 50 tablet pack (£3.32 trade). The tablets are blister packed in strips of 10. *Sanol Schwarz Pharmaceuticals Ltd, The Limes, 130 High Street, Chesham, Bucks HP5 1EF.*

## Indocid in foil

Indocid suppositories in foil strips are being introduced to replace the present plastic strips. Cartons containing the new packs will be overprinted with the words "new foil packaging" and will be introduced as exhausting stocks are run down. *Thomas Morson Pharmaceuticals, Hoddesdon, Herts EN11 9BU.*

■ A new 125ml pack of Xylocaine viscous will replace the 150ml pack as stocks of the latter become exhausted (trade price £1.20). *Astra Pharmaceuticals, King George's Avenue, Watford, Herts WD1 7QR.*



## PERFORMANCE WISE...

Lotussin gives effective relief for persistent, dry or irritating coughs.



No. 1

## PRICE WISE...

Lotussin is attractive to the customer at £1.08 per 100 ml pack



£1.08

## PROFIT WISE...

Lotussin is competitive, especially with Searle's special terms



## PHARMACY WISE...

Lotussin is exclusive to family chemists and backed by Searle's service to the retail pharmacy



# COUNTERPOINTS

## Kirby-Warrick set up own OTC division

Kirby-Warrick have formed a specialised OTC division, with a sales force of 14 representatives and managers calling on chemists. They have at the same time launched a new range of cotton buds, relaunched two ethicals as over-the-counter products, and announced trade promotions on two other brands.

Announcing the development at a Press conference on Tuesday, David Fleet MPS said that sales force would call on 55 per cent of outlets on an eight-weekly cycle. Distribution would be through wholesalers, however, with transfer orders rather than direct sales. Committing the company to the interests of the retail pharmacist, Mr Fleet hoped the product range would bring people into the pharmacy. Kirby-Warrick believed all medicines should be pharmacy-only, and would aim to provide stronger, more effective medicines which could help chemists win "the battle of the High Street."

Until this year, Kirby-Warrick (a subsidiary of Schering Corporation, USA) sold their OTC products by means of independent distribution companies: their decision to set up their own specialist division was largely a result of dissatisfaction with the resulting lack of control over the sales operation. "Our ranges contain unique, major products, which are of vital concern to the pharmacist," says OTC division director David Fleet. "We found that a sales agency set-up simply couldn't provide enough expertise to develop their full potential." All members of the sales force have experience of selling to chemists.

The new product introduction is a pharmacy only range of cotton buds. Buddies come in four sizes — 100 (£0.32) and 180 (£0.49) in drums, plus two sizes in feeder blister packs of 100 (£0.32) and 200 (£0.53). The feeder packs dispense cotton



New Kirby-Warrick OTC management team (left to right) David Fleet (OTC director), Brian Herridge (sales manager, OTC division), Eddie Hart (marketing director)

buds easily and hang up on the wall. An introductory offer of twelve 100-size free with every 12 dozen assorted is available.

The two OTC relaunches are of Optimine and Tinaderm. Optimine (azatadine maleate) has been launched in an OTC pack of ten tablets (£1.24). It is described as a potent antihistamine for the treatment of hayfever, the major benefit being that it causes minimal sedation. The launch bonus of 12 free with orders for 48, is supplied prepacked in a compact display unit.

Tinaderm, the well-established topical antifungal, is said to have grown sales 9 per cent in the past year. The OTC launch bonus on powder cream and solution, available until the end of March, gives 18 free packs with every 72 assorted. Bonuses on two other brands in the range are: 18 free packs on orders for 72 Babysafe sterilising tablets; 12 free with orders for 48 Lacto-calamine.

Other products being sold by the new sales force are Puritabs (water purifying tablets), Algispray (for muscular pain relief), Teeda (hair straightener), orange and halibut vitamin supplement, and extra energy tablets.

Kirby-Warrick say they will be putting substantial advertising and marketing budgets behind their OTC range throughout 1983. Kirby-Warrick Pharmaceuticals Ltd, Mildenhall, Bury St Edmunds, Suffolk IP28 7AX.

## THE WISE CHOICE FOR FAMILY COUGHS

COUNTER PRESCRIBE WITH CONFIDENCE

# Lotussin

**SEARLE**

Searle Consumer Products Division of G.D. Searle & Co Ltd PO Box 53 Lane End Road High Wycombe Bucks HP12 4HL Lotussin and Searle are registered trade marks





# They won't be slow to get the picture.

Our latest autofocus model, the Sun 660, is hardly expensive for the results it affords.

Now, to complement it, come the Sun 600 and One-Step 600. Forming, in effect, a new range of low-priced

Polaroid Instant Cameras.

As their names clearly imply, both share the virtue of the autofocus in taking our high-performance 600 colour film.

An advantage the ever-persuasive Mr Garner will

be pressing home in a hefty national television campaign starting this spring.

Be sure to order plenty of everything, though.

Having got the picture, it'd be a shame if customers couldn't get the cameras.





Polaroid Sun 660 autofocus around

**£50.**



New Polaroid Sun 600 around

**£30.**



New Polaroid OneStep 600 around

**£20.**



## Foam bath kicks off Johnson Wax personal care range



The launch of a bath foam by Johnson Wax will herald a whole new future for the company and opens the way for a range of products supported by a chemist only salesforce.

Tahiti bath foam is a "major step forward in the UK company's commitment to personal care" which, to date, they admit has been chequered.

Tahiti is the first phase of a three year planned development of a range of major brands within the personal care market.

Says David Hearn, group product manager, "We looked for a market we categorise as low profile where the support levels are realistic and where there is no one dominant competitor. The foam bath additive market is a sleeping giant worth £40m at rsp yet the market leader has only a 10 per cent share and total market advertising stood at only £2.6m last year."

The liquid bath additives market, say Johnson Wax, is divided into two types — basic water colourants retailing at less than £1 and the indulgent premium priced luxuries. "The key difference between these two sections of the market are consumer benefit and price. We see a real opportunity for a medium priced luxury brand which the housewife can afford to use more regularly."

At £1.25-£1.50 for 250ml, Tahiti offers a "significant price premium" and has "the secret of soft skin from the South Seas," they say. Containing monoi

— an extract from coconuts mixed with local flowers, Tahiti is following the trends in the market towards natural ingredients such as wheat germ and jojoba they say. Three variants are available — marine, verte and ivoire.

To launch Tahiti Johnson Wax are spending £1.5m on a television advertising campaign commencing June and running for six months. Women's press advertising will also be used and there will be instore activity for the launch during the Christmas period.

To encourage trial there will be a 60ml pack pre-priced at £0.29 and display packs holding the three variants together with shelf edges will be available.

"The support of the chemist trade is crucial to the success of any personal care product," says Mr Hearn, so the company has created a 12 man salesforce in addition to their grocery salesforce to cover the majority of independent chemists. *Johnson Wax Ltd, Frimley Green, Surrey.*

## Fastidia coupon

A consumer promotion will run on Fastidia mini pads during March and April. Packs of 10 will be flashed "15p off next purchase". A coupon comes with the pack. *Liha-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

## Promotions galore from Jackel

Jackel are introducing a new range of natural sponges in five different sizes. Until April 22 the sponges come supplied in a fisherman's net with retailers receiving 12 free cosmetic sponges.

The Ian Logan water meadow soaps, initially introduced as part of a spring gift range will now be available throughout the year and the company is running a trade deal on the complete Tommee Tippee range of bottles, teats and soothers. Twelve Tommee Tippee juice beakers worth almost £6 are being offered free to retailers with orders of over £30 for the Tommee Tippee range.

Additions to the baby care range include two new soothers — a ventilated safety soother (£0.33) which, the company says, helps the baby to breathe most easily and a natural soother (£0.49) with an orthodontic shape said to aid natural dental development.

A new junior range of baby foods is also available from Gallia. Eight savoury flavours are included. They are a vegetable puree, artichokes and spring vegetables, vegetables and chicken risotto, vegetables and chicken casserole, carrots, beef and liver casserole, vegetables and lamb risotto, vegetable and fillets of cod casserole, and vegetables, beef and ham casserole.

Available in 200g jars (£0.59), the baby foods are suitable for babies of eight months and over. Shelf strips, posters and leaflets will be available for POS support and there will be advertising in *Mother and Baby*.

For the early Spring period retailers who order three cases of either Bobtails or Tufty Tails will receive a free entry into a draw for Bonusbreak vouchers entitling two people to stay for between one and fourteen nights in listed hotels.

During the promotion both bobtails and Tufty Tails will be available at ten pence less than the normal retail price. Bobtails will be advertised in *Parents*, *My Weekly* and *Good Housekeeping* during March and April.

Other additions to the baby care range include a new pram rattle and cot toy (£1.75). All Tommee Tippee rattles are currently available in a dump bin merchandiser running a "20p off normal rsp" consumer offer.

Finally the Mr Men products allied to the Tommee Tippee range have been repackaged and a new dribble bib in six Mr Men and Little Miss designs (£0.55) have been launched. *Jackel International, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG.*



# NOW LONDON'S No.1 EYE DROP GOES NATIONAL.

Last year Murine® became London's No. 1 eye drop product and the fastest growing brand in the last 12 months.\*

The successful advertising theme 'For eyes that lead the city life' will now be used to support Murine in its first ever national campaign. With a spend of £250,000 the aim is simple - to make Murine Britain's No. 1 eye drop.

## \*WOMEN'S PRESS

Highly visible double page colour advertising will appear in Woman's World, Company, Cosmopolitan, 19, and Over 21 from late March to September.

## \*LOCAL RADIO

High impact commercials will go out in two two-week bursts in the spring and early summer on Capital Radio, Radio Luxembourg, Piccadilly Radio, and stations in the Midlands and Scotland.

**£250,000  
ADVERTISING SPEND**



**MURINE®**

## \*TUBE CARDS (London only)

The outstandingly successful London tube card series will be repeated in two two-month bursts in the spring and late summer.

## \*CONSUMER COMPETITION

An exciting competition for consumers offering a trip to New York as first prize will be run in the late summer.

## \*TRADE SUPPORT AND COMPETITION

In addition to very worthwhile discounts, distinctive, eye catching display material will be made available. And to help sales assistants keep their eye on Murine there will be a highly motivational competition later in the year, with lots of interesting prizes.

\*Nielsen 1982

MU 483







# Sandals



## £1,200,000

### Starts March - through to May

- \* 1983 spend tops £1.2 million with TV campaigns for both Exercise Sandals and the Soft Step range.
- \* Display material available through your Representative.
- \* Profitable Business Opportunity.
- \* Attractive deals available from your wholesaler.
- \* Order Now



## *Great shape to be in*



## Sunshimmer unit with £1 saving

A new merchandising unit is available for Coty Sunshimmer holding 48 products in the two shades, golden tan and bronze. A money saving offer of £1 is available — Sunshimmer will retail for £1.25 against the normal retail price of £2.25. Sunshimmer is a lightly textured gel which can be used either as a foundation or to achieve a pre-holiday ready-made tan. *Rigease Ltd, PO Box 27, Brentford, Middlesex.*



## Talisman lens cases

Contactasol have introduced the Talisman range of contact lens cases (£5.96) which are designed to hold a complete lens care system.

The Talisman case is made from hard wearing leather look and matching suedette materials, with a water-resistant lining which can be wiped clean.

Available in three colours, burgundy, navy and black, the case can be supplied containing one of the three ranges of Contactasol solutions — for hard and gas permeable lenses, chemical disinfection of soft lenses, or heat disinfection of soft lenses.

The case holds the large size solution bottles which makes it suitable for travelling. The practice name can be gold-blocked on the end of the case, minimum quantity of fifty. *Contactasol Ltd, Ruxley Towers, Claygate, Esher, Surrey.*

## Win a trip around the breweries

Tom Caxton are sponsoring the annual Best Beer in Britain competition with regional heats being held all over the country between March and May.

In the heats, representatives from the guilds or circles within the 16 federations can compete for the title of regional winner using only Tom Caxton's eight-pint best bitter kits. The regional winners will receive engraved tankards and entry into the national final to be held at Newcastle in August. The first prize is a trophy and a holiday for two around the best breweries in Europe. *Reckitt Products Ltd, Reckitt House, Stoneferry Road, Hull HU8 8DD.*

## Floral fragrance from Orlane

Fleurs d'Orlane is a floral fragrance to be launched by Orlane.

With top notes of citrus giving way to white flowers balanced by the drier notes of carnation, Orlane say this fragrance captures today's "understated femininity."

In two sizes, 50ml (£7.50) and 100ml (£12.50), the atomiser spray is decorated with a pink and blue abstract flower design.

An introductory handbag size atomiser, 25ml (£4.95) will also be available from March 14.

Orlane are also introducing a new

lipicolour formula to "cure and protect." Rouges à lèvres traitant is available in two transparent and six translucent shades designed to complement the Spring and Summer pastels and linens. The case has silver twists on polished brass. The new formula is available from April 5. *Orlane Cosmetics (UK) Ltd, 21 Grafton Street, London W1Z 3LD.*

## Henna additions

Henna Hair Health have added two new colours — for auburn and chestnut hair — to their range of gloss shampoos (200ml, £0.99; 375ml, £1.55) and conditioners (200ml, £1.09). In addition the company is adding a deep penetrating shampoo (250ml, £1.25) to the Henara Jojoba range for bleached, tinted or out of condition hair. *Henna Hair Health Ltd, Classic House, 174 Old Street, London EC1.*

## A sticky situation?

Hermetite have introduced super glue remover in gel form. The makers say it can be applied less messily than liquid solvents to badly aligned surfaces of people and things which need to be unstuck. Super Glue remover (£0.80) comes in tubes the same size as the glue itself. *Hermetite Products Ltd, Tavistock Road, West Drayton, Middlesex UB7 7RA.*

A wide range of sales aids and display material for Triadol is available from Sterling Health. Triadol suspension is for the relief of muscular aches and pains. Sterling Health, Sterling Winthrop House, Surbiton, Surrey





# COUNTERPOINTS

## Hyper Elastin to delay wrinkles

Hyper Elastin, a cream being distributed by De Witt International Ltd, contains Solu-elastin which is claimed to alleviate ageing of the skin.

It is elastin, rather than collagen, which is believed to be responsible for maintaining the skin's elasticity, loss of which leads to wrinkles. Elastin is synthesised from birth, reaches its maximum at the end of adolescence, decreases by age 30 and stops altogether by the age of 40-45.

Laboratoire de L'Elastine, Paris, have developed a technique of making elastin soluble while maintaining its active molecular structure. This Solu-elastin is extracted from bovine ligamentum

nuchae and can be incorporated into cosmetic preparations. It is not just a hydrolysate of elastin but is said to have the same attributes as the compound synthesised by the human body. Because of its compatibility with lipophilic solvents it can penetrate the skin easily.

Hyper Elastin (40g tube, £14.95) should be applied to the face and neck twice daily after cleansing, from the age of 30 onwards. Suitable for all skin types, it provides a base for make-up. If the skin is very dry, additional moisturisers may be used.

No claims are being made that the cream eliminates wrinkles but that it will help to delay their appearance. Toxicology studies have failed to reveal sensitivity reactions. *Distributors De Witt International Ltd, Seymour Road, London E10 7LX.*

## June launch for Canderel?

G.D. Searle & Co are expecting the Department of Agriculture to grant approval in June for the sweetener Canderel to be marketed in the UK.

Canderel will be available through chemist and grocery outlets in packs of 100 tablets in flip-top containers. The tablets are equivalent in sweetness to one teaspoon of sugar and one Canderel tablet is said to have less than one third of a calorie compared with 20 calories per teaspoon of sugar. Canderel will also be available in sachets of powder containing two teaspoonfuls of sweetness. *Searle Consumer Products, Whalton Road, Morpeth, Northumberland.*

## ON TV NEXT WEEK

In London	WW Wales & West	We Westward
M Midlands	So South	B Border
Le Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		

## Deodorant trio

A range of deodorants is being introduced by Cussons under the Imperial Leather soap name and livery.

In three sizes, 200ml (£1.59 rsp) and 150ml (£1.23 rsp) aerosols, and a 50ml roll-on (£0.89 rsp), all the deodorants have the Imperial Leather fragrance.

A campaign supporting the launch will run on national television during May and June. *Cussons (UK) Ltd, Kersal Vale, Manchester M17 0GL.*

## Selective cream

Cyclax have extended their Moistura range to include selective moisturiser, formulated for combination skin.

The company says research has shown that 45 per cent of all women have combination skin. The new moisturiser works selectively on the skin to moisturise more in the dry area and less elsewhere.

A 12ml trial size (£0.49) will be available during the launch period, with the standard 50ml size selling at an introductory price of £2.20.

Cyclax Moistura selective moisturiser will feature in a national television campaign targetted to reach 75 per cent of all women. *Cyclax Ltd, Vale Road, Camberley, Surrey GU15 3AX.*

## Market correction

The 16.5 per cent share claimed by Maws in the £4m, 1982 baby wipes market (C&D *Babycare Supplement*, February 19, p26) was a volume share for the month of August only and reflected the advertising campaign that ran throughout that month finishing in the first week of September.

Wipers took a 5.1 per cent sterling, 8.1 per cent volume, share of the baby wipes market in the last quarter of 1982. *Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey.*

Airwick Gumption:	All areas
Anadin:	All areas
Aspro Clear:	All areas
Cidal soap:	Bt
Clearasil cleansing lotion:	All except G,B,We
Complan:	All except A,B,E,CI
Cyclax Moistura:	All areas
Hermesetas:	Ln,Le,Sc,So,A
Joba natural hair care:	M
Maws Wipers:	All except A,We,B,E,CI
Metamucil:	M,Y,NE
Oral B:	Ln,M
Paddi Cosifits:	All areas
Pampers disposable nappies:	All areas
Scholl Soft Step:	M
Seton Tubigrip:	G
Thick Parazone:	All areas
Unichem baby products:	All except U

# NEW! HYGICARE

## For The Problem Of Incontinence

Serve the needs of those suffering from incontinence by becoming a Hygicare Agent. You do not have to carry stock. Your local pharmaceutical wholesaler will supply all the Hygicare products featured in the brochure on a 24 hour delivery service.

Display the Hygicare window sticker, feature the attractive Hygicare dispenser complete with comprehensive brochure and ordering form and you will be offering a most important service to the community.

Your margins and your market are secure. Let Hygicare help you to help them.

Please send me further details of the Hygicare Service

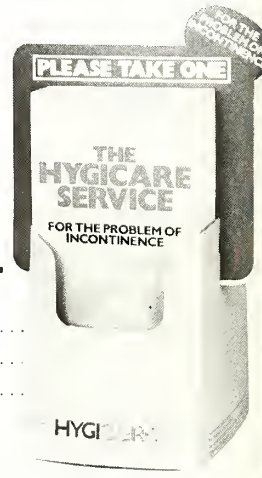
Name .....

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**HYGI ZERO**

Undercover Products (Int) Ltd, Queensway Industrial Estate, Wrexham, Clywd Tel (0978) 353535 London Office Tel. 01 451 3151





# PRICES PROVE YOU'RE BETTER OFF WITH NUMARK.

APRIL OFFERS IN STORE 11TH - 23RD APRIL

PRODUCT	PACK	CHEMIST BUY. PRICE Excl. VAT	DISCOUNT
SILVIKRIN HAIRSPRAY Medium.	12	£5.77	36.8%
SURE ANTIPERSPIRANT Economy plus 25% Extra Free.	6	£3.68	34.6%
ELASTOPLAST AIRSTRIP/FABRIC Large.	12	£5.27	17.2%
CREAM SILK Large.	12	£5.43	22.4%
SILKIENCE SHAMPOO 125ml. Price marked 49p.	12	£3.80	35.4%
STYLE PERMS Full Head.	6	£5.70	16.7%
STERADENT TABLETS 30's DEEP CLEAN TABLETS 25's.	12	£5.30	15.6%
PADDI COSIFITS 20lbs and over. 10's.	12	£14.73	22.3%

Discount represents % off manufacturers' trade price at the time of going to press.

## PLUS MORE SUPERBUYS

	PACK	CHEMIST BUY. PRICE Excl. VAT
SAVLON LIQUID 500ml. plus 20% Extra Free.	12	£7.12
VIDAL SASSOON SHAMPOO 200ml.	12	£8.49
TAMPAX Super 40's.	6	£6.67
NEW POLYTINT	3	£2.86
KODACOLOR II FILM C110 - 24 Twin Pack.	10	£19.11
KLEENEX BOUTIQUE TISSUES 100's.	24	£7.59
HEINZ BABY FOOD CANS 4.52oz.	24	£3.97

**FACT** Numark O.T.C. buying power is bigger than that of any other U.K. wholesale buying group and consistently produces lower buying prices on top selling brands.

**FACT** Numark national press advertisements have consistently reached over 10 million housewife readers every month for the last eight years, attracting extra customers into Numark Chemists.

**FACT** Numark monthly merchandising kits are the most effective in creating extra sales.

To find out more about all the ways in which Numark can help to make your business grow, contact your local Numark wholesaler or Charles Morris-Cox at Numark Central Office, 51 Boreham Road, Warminster, Wiltshire BA12 9JU. Tel: 0985 215555.

**NUMARK  
CHEMIST**

A COMPREHENSIVE SERVICE TO THE INDEPENDENT CHEMIST.



# COUNTERPOINTS

## Budget cosmetics

Moisturescence is a cosmetic range being launched to chemists through Food Brokers Ltd into the budget priced sector of the market.

The makers claim that Moisturescence is unique in being the only hypo-allergenic, clinically tested, fragrance-free range available at such competitive prices.

Designed to promote impulse purchases, the Moisturescence products are hygienically packed in silver and blue.

The products range in price from £0.59 to £0.79 and include nail polish, lipstick, eye shadow and mascara.

Six display units are available to the trade including fixed and rotating counter displays, floor standing and pegwall stands. The Food Brokers merchandising team will make weekly visits to stockists. *Food Brokers Ltd, Milburn, Copsem Lane, Esher, Surrey KT10 9EP.*

## Chattem additions

Corn Silk face powder in both loose and compact form (£2.49) is now available from Chattem UK. Developed from crushed walnut shells the powder is said to absorb more oil than any other powder. Also available is Bikini Bare (£3.75) a depilatory developed for the bikini area. The two treatment product includes a cream depilatory and a finishing cream to protect against clothing irritation and chafing. *Chattem (UK) Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

## Win a Maestro

The first prize in Numark's next consumer competition is a new Austin Maestro 1.3 HLE. The car, worth over £5,000 is among prizes totalling £10,000, with an extra £2,000 of prizes for Numark chemists. The competition will run alongside the shoppers' choice promotion in-store during April. *Numark, 51 Boreham Road, Warminster, Wilts.*

## Pharmaton capsule in starter pack

Pharmagen are launching a 10 capsule starter pack of Pharmaton capsules (£1.45) available in a counter dispenser. A £150,000 Press advertising campaign will run on a regional basis in the *TV Times* and also feature in *Living*, *Choice*, *People's Friend*, *Woman's Realm*, *Women's World*, *Women and Home*,

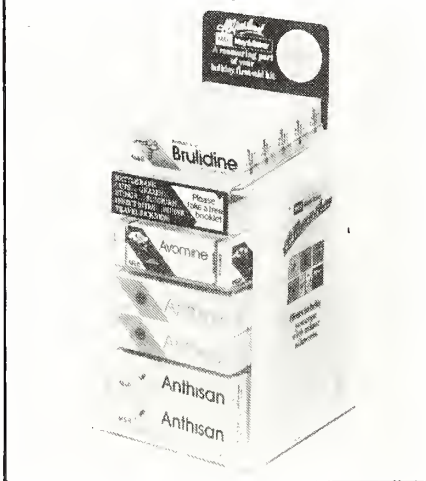


*A joint competition between Mentholatum Co and Yours magazine for the elderly is looking for the "super grandmother of 1983." The winner will be a grandmother who has "spread happiness and joy over the years." The prize is a weekend for two in London, with £500 in cash. Entry forms from Yours, PO Box 30, London N1 2LE (with an SAE). Mentholatum Co Ltd, Longfield Road, Twyford, Berkshire*

*Slimming and Reader's Digest.* The campaign breaks on March 19 running through to July and a second burst will start in August. The starter pack of 10 is available in outers of 20.

POS material includes a leaflet dispenser carrying details of a retailer competition. Each dispenser will be numbered and there will be a lucky draw with 40 Swiss watches for the winners and "hundreds of other prizes." *Pharmagen Ltd, West Lane, Runcorn, Cheshire.*

*May & Baker's OTC salesforce will be offering a dispensing unit to pharmacists holding Avomine, Anthical and Anthisan behind a clear screen (accessible from the back) and Brulidine, available for self selection. On a second visit May & Baker's representative will replace any stock from the unit free of charge on a one to one basis. There will also be a raffle for assistants linked to the promotion. May & Baker Ltd, Dagenham, Essex*



## Murine support

Abbott Laboratories are supporting Murine for the first time with national advertising support. The brand has previously been advertised in London only and the campaign proved so successful, says the company, that Murine is now the number one eye drop in London.

The new campaign breaks in late March with advertising in *Woman's World*, *Company*, *Cosmopolitan*, *19* and *Over 21* throughout the year. There will also be tactical radio support. The theme will be "For eyes that lead the city life" and the advertisements will carry the lines "Pick up Murine from your chemist" and also "Available from chemists only."

In-store material including counter display units will also be available. There will be further trade and consumer promotions later in the year. *Abbott Laboratories Ltd, Queenborough, Kent.*

## Super Wernets push

Stafford-Miller will be using colour advertising for the first time as part of a £200,000 campaign for Super Wernets running from March to November. Advertising will appear in among others, the *Daily Mirror*, *Sunday People*, *Woman and Home*, *My Weekly*, *TV Times*, *Choice* and *Yours*. The company hopes to reach 70 per cent of women over 45. *Stafford-Miller Ltd, The Common, Hatfield, Herts.*

## Numark April offers

Items on offer from Numark during April include Sivikrin hairspray, Sure anti-perspirant, Elastoplast airstrip and fabric, Cream Silk, Silkience shampoo, Style perms, Steradent tablets and Paddi Cosifits. Other superbuys include Savlon liquid, Vidal Sassoon shampoo, Tampax, Polytint, Kodacolor 11 film, Kleenex Boutique tissues, and Heinz baby foods. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

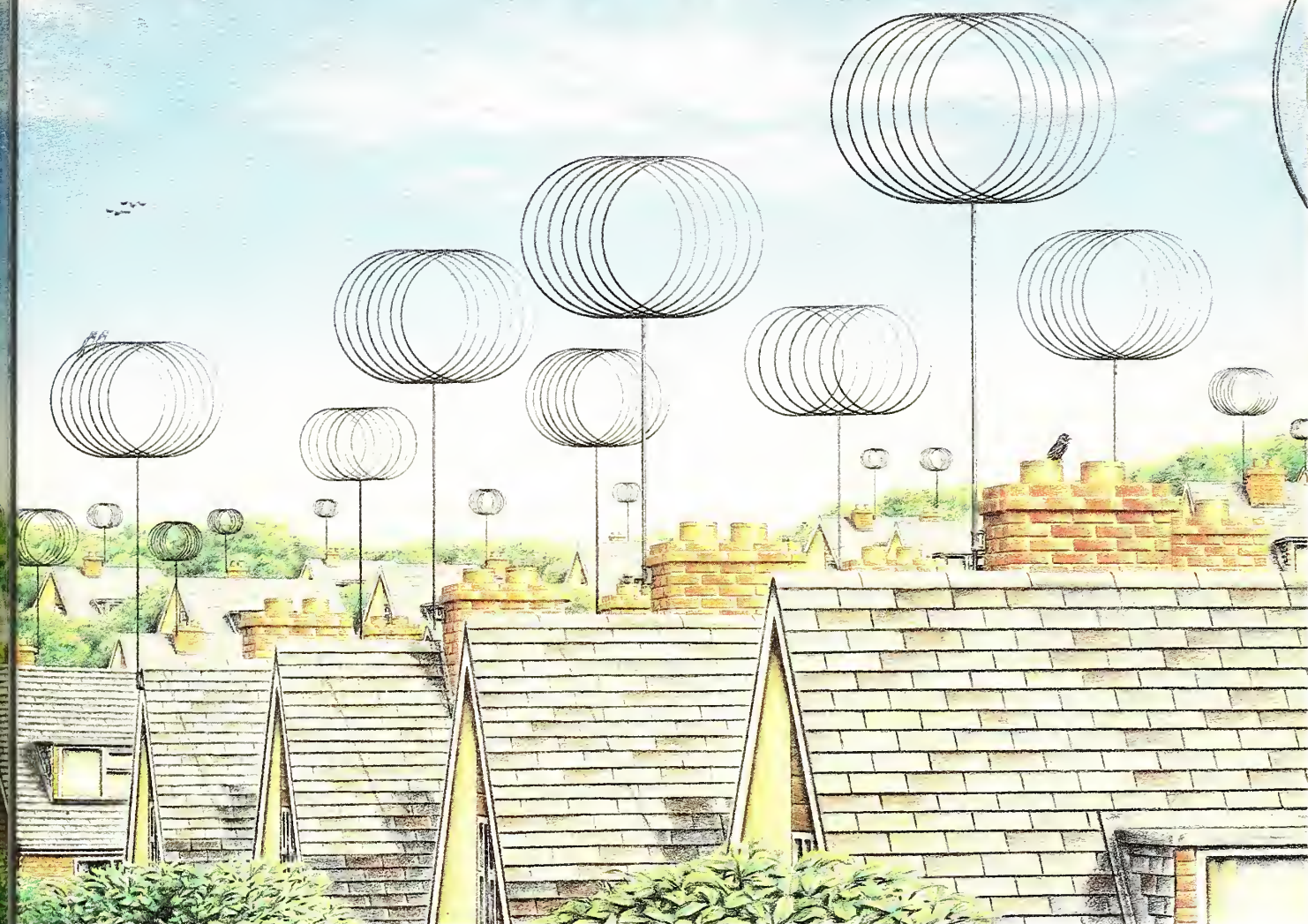
## 20% extra Radox

Nicholas Laboratories have launched a Spring and Summer campaign for Radox bath products. The promotion offering 20 per cent extra will run until stocks last on Radox herbal bath, bath salts, Showerfresh and Matey. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4UA.*



# Guess who's spending £1 million on network T.V.?

TV starts April 4th



You already know how well Sensodyne toothpaste sells. It's your No. 1 profit-making brand – and that's without TV. Professional recommendation by 95% of dentists has led to more and more people who demand Sensodyne by name.

Now our £1 million National TV campaign will reach the millions more with sensitive teeth who don't always visit their dentist regularly. This means even bigger sales.

Results of a recent area TV campaign showed an immediate 82%\* expansion in sales of both original and new mint Sensodyne.

So double your stocks to meet the increased demand and display both flavours prominently.

Act Now! Advertising starts April 4th. See your Stafford-Miller representative or contact us direct on Hatfield 61151 for details of special bonus terms. Stafford-Miller Ltd., Hatfield, Herts. AL10 0NZ.

SENSODYNE

for sensitive teeth



SENSODYNE  
TOOTHPASTE

for sensitive teeth

\*Independent  
Retail Audit

## SENSODYNE TOOTHPASTE

Premium priced for premium profits.



## Gearing up for statutory sick pay obligations

By now, all employers should have plans in hand to operate the new statutory sick pay scheme. If not, they could find themselves in difficulty.

First, the law requires that certain records must be kept, and that these be open to inspection at any time by the Department of Health and Social Security. A failure to keep these records can result in prosecution and a fine. The records required are: Any dates of sickness absence of at least four consecutive days; any days within those periods when statutory sick pay was not paid, together with the reasons and details of each employee's qualifying days in each period of incapacity for work.

### Excluded employees

In addition, an employer should ensure he has a procedure for checking if any of his employees are excluded from the scheme. If the employer pays statutory sick pay to anyone who should not be receiving it, then that employer cannot recover the amount he has paid over from the government. There are a number of persons who are excluded, and these are listed on a form which the employer must hand to the excluded persons.

The list includes men over 65, women over 60 and short-term employees of three months or less duration.

Supplies of these forms — SSP 1(E) — are available from the local social security office and should be obtained as soon as possible. In this connection, a routine should be established whereby any new

employee is asked whether he has been on social security benefit within the past eight weeks and, if so, whether he has a letter from the DHSS about this. Those who have been on social security within the past eight weeks are not entitled to statutory sick pay, and they should have received a DHSS letter to be shown to the employer stating on what date eligibility for statutory sick pay resumes.

Those who are sick in the long term should be given form SSP1(T) at the beginning of their seventh week on statutory sick pay. At the end of the eighth week they can then be transferred smoothly onto social security benefit. The employer's obligation to pay statutory sick pay comes to an end after eight weeks of payment in any one tax year.

### Supplies of forms

Supplies of these forms can also be obtained from social security offices. This will contain an application for the employee to claim sickness benefit.

All of the above are essential procedures that you are required to operate from April 6 onwards. If you are in doubt about what you should do in particular circumstances that may arise in your business, then you should immediately contact your social security office for advice.

## Fixed term employees

There are many cases where an employer wishes to take on an employee for a fixed term — perhaps as a trainee or probationer, or to carry out a specific job over a fixed period.

There is often confusion as to these employees' rights to claim either compensation for unfair dismissal or a redundancy payment. The employment laws do cover the position of these people, but regard should also be given to any special arrangement you enter into with them.

The first point to note is that, if you enter into an agreement with an individual to employ him for a specific period, you must either continue to employ that

person for the time agreed or you will have to pay damages at law for breach of contract. This applies whatever length of employment you specify. The agreement itself, however, may specify that the employment can be terminated before the time is up.

### Redundancy payments

Then we come to the question of redundancy payments. The law says that if there is a fixed term contract which is not renewed, then this counts as redundancy and you may be liable for a redundancy payment.

However, in order to claim a redundancy payment, the employee must have worked for you for two years or more. If the fixed term employment is for less than this, when it comes to an end and is not renewed, there can be no question of a valid claim for redundancy payment.

The employee might claim when the employment comes to an end and his contract is not renewed that he has been unfairly dismissed. But here again an employee has to serve for a year (two years in the case of the employer with less than 20 staff) before he can claim unfair dismissal compensation, and employment under these periods will not enable him to make a valid claim.

In any case the law does make a provision for contracts for a year or more to contain a special clause that can be inserted by agreement between the employer and the employee. It may be agreed in this way that the employee gives up his rights to claim a redundancy payment or unfair dismissal compensation when the fixed term contract of employment comes to an end. It should be noted that this agreement has to be made in writing to be effective.

## Orders for re-instatement

In a complaint of unfair dismissal brought by an employee, an Industrial Tribunal can order the re-introduction or re-engagement of the employee concerned. This has been greeted with some dismay by employers and managers.

They feel that they may have to take back onto the books someone with whom they have been in conflict and would not wish to have back at any price. If such an order were to be issued by the High Court, it could not be disobeyed, since to do so would be a contempt of court — often punishable by imprisonment of the offender.

### Tribunal orders

However, under Employment Law, an Industrial Tribunal order to re-instate or re-engage is treated differently. An employer can refuse to implement the order — but he may have to accept that a failure to do so will result in him having to pay extra compensation.

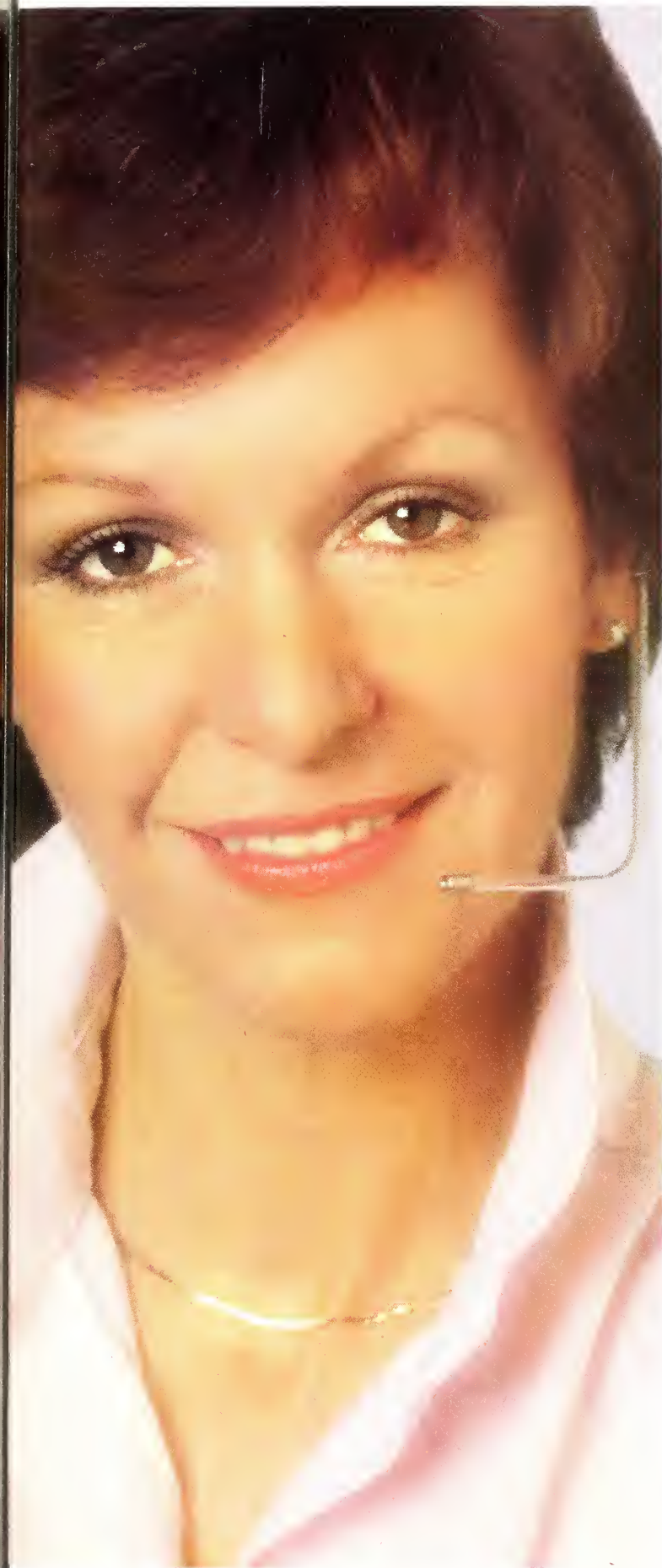
Under what circumstances is an order for re-instatement or an order for re-engagement given?

If a tribunal finds that there has been an unfair dismissal, it will ask the ex-employee whether he wishes the tribunal to consider making an order for re-instatement or re-engagement. Re-instatement is designed to put an employee back in his previous job with no loss of seniority. Re-engagement is an order to take the employee back, perhaps in another job, on no less favourable terms than his previous one.

*continued on page 451*



# Mrs. Grey has got her cards



...but she's not leaving us. Far from it.

Her new Personal Contact Cards are an exciting idea from the people who pioneered pharmaceutical wholesaling, Macarthy's.

Mrs. Grey is typical of our team of bright, highly experienced personal customer contact ladies, the name of one is on your very own special card.

So when you need ethicals, surgicals, galenicals etc. in a hurry, in any quantity, just pick up the phone.

It's much better than being shunted around a switchboard, because apart from a friendly hello, you'll have your order checked immediately, on our latest computerised stock system, plus bang up-to-date news of new products and Macarthy's special discounts, promotions and OTC services.

It's all part of our refreshing 'people are important', no problem attitude to everyday business.

And on our regular open days, you're always welcome to call and meet the girl behind the voice, in person.

Welcome to Macarthy's, where a person to person call really does make business more efficient – and more enjoyable.

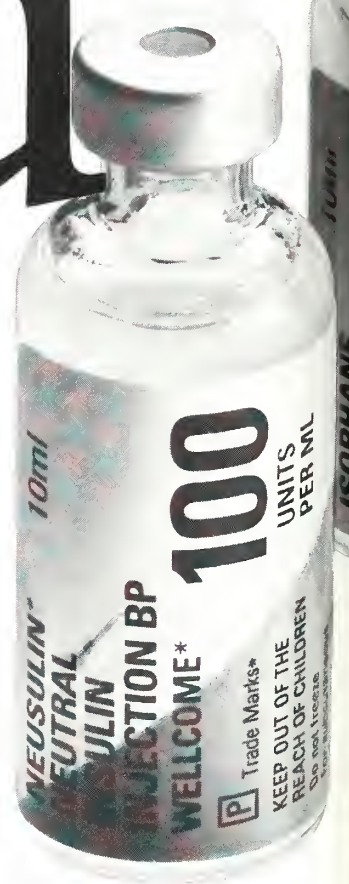


**Macarthy's**

Where people can still talk to people



# In a ch world



From March 1st, 1983



## Prescribing Information

**Uses** Management of Diabetes mellitus.

**Dosage and administration.** Dosage to be determined by the physician. Site of injection to be changed according to suitable routine. Avoid unintentional intravascular injection. *Neusulin, Insulin Injection BP:* Administered s.c., i.m. or i.v. S.c., onset of action within 30-60 minutes, duration 6-8 hours. I.m., onset is faster and duration is shorter. I.v. administration has fastest onset and shortest duration, usually reserved for investigational use or diabetic ketoacidosis. *Neuphane, Neulente:* Administered s.c. or i.m. *Not to be given i.v.* S.c., onset of action within 2 hours, duration (Neuphane) 20-24 hours, (Neulente) 24-28 hours. I.m., onset is faster and duration shorter. Mix well by gently inverting the vial several times before use. *Mixing:* Neusulin or

WELLCOME PURIFIED INSULIN



# Changing



Wellcome purified insulins, Neusulin, Neuphane and Neulente (and Insulin Injection BP [purified]) are now manufactured in 100 unit presentations. All other Wellcome Insulins continue to be available.

What hasn't changed is their quality; they offer smooth, prolonged and effective control for most diabetics. And, as you know, Wellcome – the first British pharmaceutical company to manufacture insulins – has always been innovative in the production of service items that contribute towards an optimal control of the condition.

Wellcome Insulins – a history of quality; a future of development.

**Neusulin\***  
Neutral Insulin Injection  
BP (purified) Wellcome

**Neuphane\***  
Isophane Insulin  
Injection BP (purified) Wellcome

**Neulente\***  
Insulin Zinc Suspension  
BP (purified) Wellcome

Injection BP may be mixed in the syringe, on medical advice, with Neuphane or Neulente if required, *provided the mixture is injected immediately*. However, it is preferable to avoid mixing insulins of different pH. See data sheet for procedure. **Contra-indications** Hypoglycaemia. **Precautions** Dosage requirement may alter with change of lifestyle, infection, pregnancy and with change in species, maturity of insulin. Hypo- and hyperglycaemia may be enhanced by drugs which interact with insulin. Beta-blockers may affect insulin action and mask hypoglycaemia. MAO inhibitors may potentiate hypoglycaemia. **Side-effects** Hypoglycaemia. Possible altered visual refraction. Local reactions at the site of injection. **Storage** Store at 2-8°C. Avoid direct sunlight. **Presentation** Neusulin,

Neuphane, Neulente and Insulin Injection BP (purified) Wellcome\* are available as 100 units per ml, in vials of 10ml.

#### Basic NHS costs

Neusulin 100 units/ml PL3/061 £5.70  
Neuphane 100 units/ml PL3/0162 £6.15  
Neulente 100 units/ml PL3/0171 £5.37  
Insulin Injection BP 100 units/ml PL3/0165 £5.70

Further information is available on request.  
**Wellcome Medical Division**  
The Wellcome Foundation Ltd, Crewe, Cheshire

\*Trade Mark



**Wellcome**

**TOWARDS OPTIMAL CONTROL.**



# Janssen Going places.



**Watch this space for  
more ethical products  
for counter prescribing  
from  
Janssen.**



Further information is available on request from  
Janssen Pharmaceutical Limited, Janssen House, Marlow, Bucks SL7 1ET.  
Telephone: Marlow (06284) 71744. Telex: 847788



oints of Law continued from p46

If the ex-employee says, "No", that is the end of the matter. If he says "Yes," then the Tribunal will consider all the circumstances — including whether it is practical for the employer to take the ex-employee back on the books.

## owers of award

If it does decide to make an order, and the employer then says that in spite of the order he will not have the ex-employee back, then the tribunal has power to award, in addition to any compensation for unfair dismissal, between 13 and 26 weeks' extra pay in compensation for a failure to comply with a re-instatement or re-engagement order.

## Registering company accounts

Any business which trades as a limited company must file annual accounts with the Registrar of Companies. Failure to do so is an offence, and makes those responsible liable to prosecution and a fine. Up to now, in spite of the fact that tens of thousands of businesses are not complying with the law, very few prosecutions have taken place.

This is primarily because the department of Trade has not had sufficient manpower to check up on defaulting companies and follow through to the point of a warning and prosecution, but this situation is now likely to change.

## ightening up the system

It has been made known that the Minister concerned is taking on extra staff in the defaults department at Companies House to chase up those firms which are not filing their returns correctly. This means that you must ensure that your accounts go in at the appropriate time — and you should check with your accountants to see that this is being done.

It should be stressed that the above only applies to those businesses trading as limited companies. No-limited partnerships, or businesses owned by a self-employed individual are not required to make a return of their financial status to Companies House.

## Provincial apothecaries: a Norwich study

A study of provincial apothecaries at the beginning of the 17th century has indicated they were in a strong position in many spheres. Many were well connected socially and politically. A large number were deeply entrenched in city administration. Many were closely associated with the elite of the medical profession, and were able to transfer smoothly into medicine themselves, particularly in the second generation.

Those facts were revealed by Margaret Pelling, Wellcome Unit for the History of Medicine, Oxford University, during her talk "Apothecaries and other medical practitioners in Norwich around 1600" given to the British Society for the History of Pharmacy last week. She said that the apothecary emerged from obscurity among the grocers in the course of the 16th century and gradually used his connection with medicine to achieve a social standing akin to professional status. These apothecaries regularly became aldermen. However, it was a distortion to say the apothecaries' status was entirely the result of their connection with physicians. Around 1600 many had achieved status on the local level higher than any physicians could then confer.

## Patient choice

The 16th century patient was fully aware of the wide range of practitioners available to him — medical men, doctors, surgeons or quacks — and he made his choices according to his (or his friends') judgment as to his own condition. Patient choice was important because it was the actions of patients, more than the audacity of quacks or the administrative limitations of society, which limited the attempts by colleges, companies and clergy to restrict the number and kind of practitioners.

## Part-time work

Few practitioners were likely to be involved in medicine full time. Because of seasonal working, many occupations were pursued on a part-time or occasional basis by members of several communities. Norwich barber surgeons were involved in tallow chandling, net making and a variety of crafts associated with the textile trade.

From research it seemed clear that all branches of the medical profession were inclined to be involved in the drink trade, either as parties to licensees, as alehouse

keepers, or as distillers.

A biographical inquiry into all medical practitioners in East Anglia and London has been undertaken by the Wellcome Unit at Oxford. It had adopted the widest definition of "medical practitioner." Margaret Pelling said her work had largely concerned the barber surgeons, but of 300 medical practitioners which she had located in Norwich between 1550 and 1640, the apothecaries, including apprentices, numbered around 40. If the 90-year period represented three generations, there might have been 13 or 14 apothecaries in Norwich at any one time. One apothecary to about 1,200 persons.

## Sons of sons

The apothecaries were sons of tailors, grocers, carpenters, apothecaries, fletchers, yeomen, merchants and gentry. Their sons became hosiers, grocers, goldsmiths, physicians, surgeons, apothecaries and silkrasers. Apothecaries also tended to be well connected by marriage with older ruling families. At least seven of the 40 apothecaries were also known as grocers. Five of the 40 became aldermen and three became mayors; a sixth was the father of a mayor. This kind of office-holding was totally absent at that time among other medical crafts.

Surprisingly, the apothecaries showed little tendency to progress from apprenticeship to freedom to mastership. Over a third never took out their freedoms at all. For nearly half the group there was no indication that they were ever apprenticed themselves, and three-quarters of the group never enrolled an apprentice. Norwich apothecaries were also connected with the "experience and capital intensive end" of the food market.

The city authorities paid Norwich apothecaries for such items as "banqueting stuff" when London dignitaries were being entertained, and gifts such as marchpanes (marzipan) in boxes for official presentations at ceremonies such as weddings. Inventories made it clear that the apothecaries were also involved in distilling on a greater or lesser scale. The apothecaries often owned or leased land in the countryside. Their landownings may have been valued more for their produce than for status.



## Some approaches to acne treatment

Few people go through life without experiencing acne — be it only the occasional "spot." It is estimated that 15 per cent of adolescents have acne of sufficient severity to warrant advice from a doctor; the remainder suffer from "spots".

The problem is not confined to adolescence. It has also been estimated that 5 per cent of females and 1 per cent of males between the ages of 25 and 40 years still have acne worthy of medical treatment.

Acne is a disease of the sebaceous follicles and occurs where these are most prominent, that is on the face, chest and upper back. The other types of follicles — the terminal follicles from which beard hair grows in men and smaller hairs in women, and the vellus follicles — are not usually involved in acne. In the former the hair tends to have a cleaning effect and in the latter the sebum seems able to flow out without causing blockage.

There is no single clear-cut cause of acne but a variety of factors are involved,

usually a high sebum secretion rate and the presence of bacteria. This increased sebum production is androgen dependent in both sexes. It seems that the sebaceous gland becomes more responsive to a given level of androgen circulating in the blood, rather than that these levels become abnormally high. Acne can occur in the neonatal period as a result of maternal blood androgens being transmitted across the placenta.

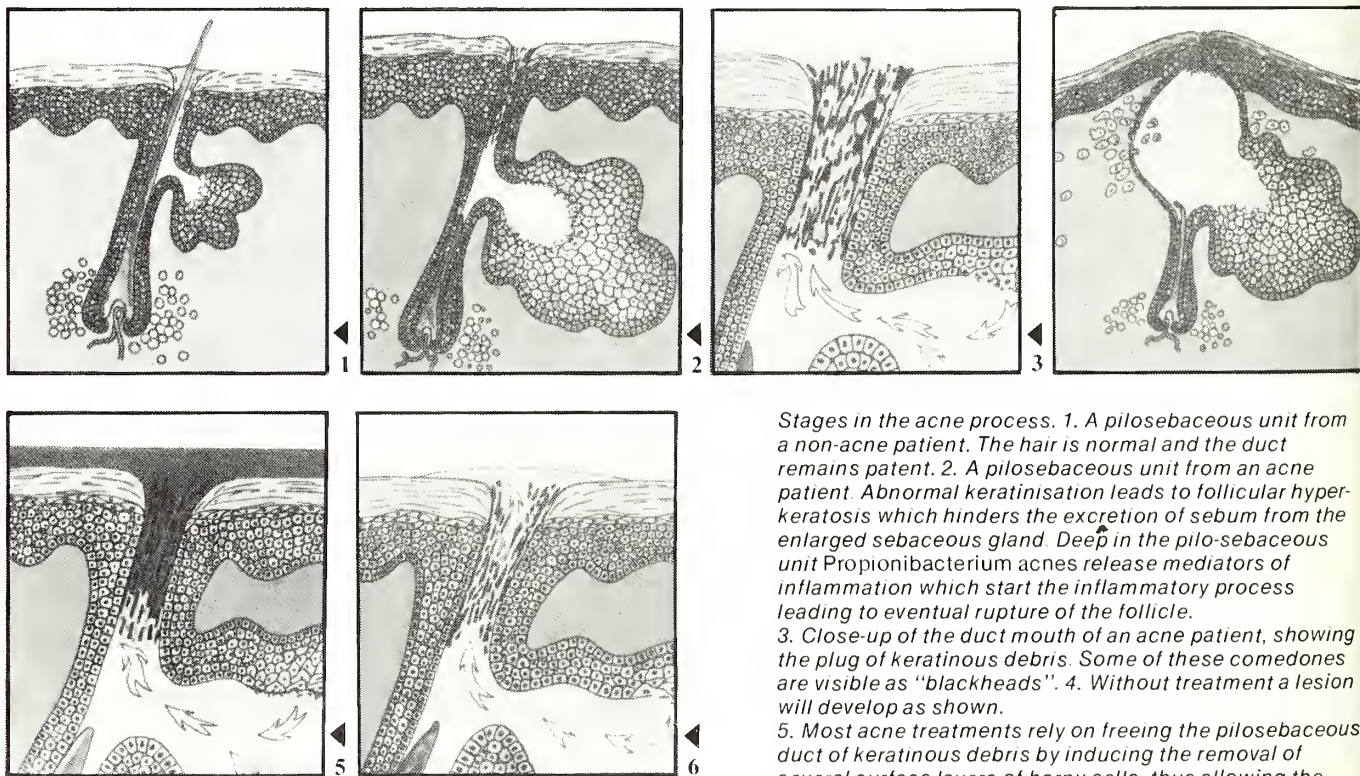
Abnormal production of keratin in the upper portion of the follicle leads to comedone formation and blockage of the duct. The blocked ducts become colonised with *Propionibacterium acnes* which break down the sebum triglycerides to free fatty acids. These irritant substances seep into the skin layers causing inflammation which leads to papule or pustule formation.

There also seems to be a hereditary influence in that patients prone to acne inherit follicular walls that are likely to be irritated by free fatty acids, with formation of retention hyperkeratosis.

Proof is lacking that stress or diet are involved in provoking acne, although a well-balanced diet is recommended for improving the general condition of the skin. No biochemical changes have been detected as a result of stress; it has been suggested that the acne flare which occurs under psychological pressure is due more to the anxious patient fiddling with spots rather than any central nervous mechanism. However, there is a definite pre-menstrual flare, the reasons for which are unclear.

There have been three main approaches to acne therapy — checking the excess production of sebum, suppressing hyperkeratinisation of the follicle and reducing the bacterial population. Oral contraceptives with high oestrogen content have been shown to reduce sebum secretion. A newer form of treatment, just available in Britain, is a combination of the anti-androgen cyproterone acetate 2mg and ethinyl oestradiol 50mcg. This combination is available in Europe for women who require both contraception and acne therapy, although not as a first line treatment.

A vitamin A derivative, 13-cis retinoic acid, which dramatically reduces sebum secretion, is available in the United States



*Stages in the acne process. 1. A pilosebaceous unit from a non-acne patient. The hair is normal and the duct remains patent. 2. A pilosebaceous unit from an acne patient. Abnormal keratinisation leads to follicular hyperkeratosis which hinders the excretion of sebum from the enlarged sebaceous gland. Deep in the pilo-sebaceous unit *Propionibacterium acnes* release mediators of inflammation which start the inflammatory process leading to eventual rupture of the follicle. 3. Close-up of the duct mouth of an acne patient, showing the plug of keratinous debris. Some of these comedones are visible as "blackheads". 4. Without treatment a lesion will develop as shown. 5. Most acne treatments rely on freeing the pilosebaceous duct of keratinous debris by inducing the removal of several surface layers of horny cells, thus allowing the free flow of sebum. Gel-based topical treatment achieves*

*this aim and infiltrates the pilosebaceous duct to attack the problem at source.*

*6. Sebum flows freely from the unblocked duct. Benzoyl peroxide inactivates the bacteria, prevents the release of mediators of inflammation and so reduces the inflammatory process. (Photos courtesy of Stiefel Laboratories [UK] Ltd)*



and Roche expect to introduce it to the UK some time this year.

Detergent washes reduce the borrhoic sheen on the skin but their action is short-lived. While the severity of acne has been shown to be proportional to sebum rate, there is no correlation between colonisation with *P. acnes* and severity. Many treatments do not reduce the count of *P. acnes* but seem to act by making the bacteria unable to release the mediators of inflammation. The bacteria colonise the follicles rather than the skin surface, so topical antibacterial preparations must penetrate deeply to have an effect.

Some topical acne preparations contain keratolytic agents such as sulphur and salicylic acid which break down the thickened layers of keratin in the follicle epithelium and reduce the keratin plugs, allowing the sebum to flow freely. Sulphur also has antibacterial activity.

Exfoliants increase the loss of cells from the skin and cause the comedone to be shed with the skin layers. Benzoyl peroxide produces mild desquamation and has a bactericidal effect on *P. acnes* due to its powerful oxidising activity. *P. acnes* is anaerobic and it is possible that benzoyl peroxide acts by promoting an oxygen rich environment. Patients should be warned to expect mild erythema and scaling.

Tretinoin is a potent comedolytic agent which boosts epidermal proliferation and inhibits keratinisation producing a less adherent form of keratin that sloughs off. The compound could not be used with keratolytic agents.

Moncler Derma contains vibenoid which appears to decrease the sensitivity of the cells lining the sebaceous glands to androgens, returning the cell activity to normal and allowing the debris to clear from the blocked duct.

## In test

Tri-ac, which is still on test, contains ethyl lactate. This penetrates the follicular duct where it is hydrolysed to alcohol and acetic acid which lowers pH. The reduced pH is believed to inhibit the bacterial case enzyme which releases fatty acids from sebum. Ethyl lactate also inhibits growth of *P. acnes*.

Clinical trials have shown Tri-ac to be as effective as treatments containing benzoyl peroxide while being less harsh.

Severe cases of acne may need systemic antibiotics, the most commonly used being tetracyclines, erythromycin and co-trimoxazole.

Tetracyclines, while controlling *P. acnes*, also seem to prevent those bacteria not destroyed from turning the sebum

into irritant fatty acids. Minocin is said to penetrate the skin cells more readily than the other tetracyclines and becomes concentrated in the sebaceous glands.

A recent development in the United States is the use of topical rather than oral antibiotics. Clindamycin, erythromycin and tetracycline used in this way seem to be equivalent to benzoyl peroxide although they do not affect the comedones.

Research has also been done on the immunological host defence mechanism against *P. acnes* and attempts made to characterise which enzymes or substances are the mediators of inflammation.

## When to refer patients

When it comes to counter-prescribing for acne, Stiefel recommend that all but the mildest cases should be referred to a doctor. There are five stages of severity — comedones, papules, pustules, nodules and cysts — and the chance of scarring governs the decision to refer the patient for medical advice. If the mild papulopustular acne is superficial, then topical OTC preparations could be tried initially but if there is any depth to the lesions scarring might occur and referral is indicated.

## Acne market shows volume decline

Various estimates value the acne treatment market at £12 million r.s.p in 1982. According to Norcliff Thayer, makers of the Oxy range, the market is showing about a 6 per cent volume decline but because of inflation and the introduction of more highly-priced products, in sterling terms there is a growth of 8-10 per cent.

The company attributes the volume decline to teenage unemployment, increased prices and the fact that products are effective. The downward trend is likely to continue until the economy picks up.

While Elida Gibbs say that usership for acne treatments is low at only 45 per cent of sufferers, DDD believe that 80 per cent of all teenagers self medicate for "spots."

As adolescents become more aware of medical advances they are perhaps more likely to seek treatment from their doctors whereas 10 years ago they might merely have used cosmetic camouflage. Stiefel say their products in this area are growing at 38 per cent in value terms. They point out that some of their prescribable benzoyl peroxide preparations are 93 per cent less expensive when sold OTC than similar retail-orientated products which

are publicly advertised. Stiefel intend to concentrate on the prescription market after a brief venture into the OTC area.

## OTC domination

Richardson-Vicks dominated the OTC market with a total brand share of 65 per cent in 1982 and the recent acquisition of Moncler Derma from Roche brings this total to 80 per cent. The trend since the late seventies, they say, has been towards specific treatments following the benzoyl peroxide boom. This growth has been largely at the expense of medicated cosmetics as consumers demand high efficacy products. Although the number of products in the market has more than doubled in the past five years, Clearasil has maintained brand leadership with a 30 per cent share. Topex and Biactol claim 20 per cent and 15 per cent respectively.

The Clearasil range was recently relaunched with improved formulations, new packaging and the introduction of Clearasil deep cleansing milk (C&D, January 22, p110). This product, for combination skins, is expected to bring many new users into the market especially in the 20-30 age group.

When they took over Moncler Derma, Richardson-Vicks say they inherited a few "unresolved problems" and they are now carrying out a consumer evaluation programme. They expect to reposition the brand in late Spring but plans have not yet been finalised.

Tri-ac lotion, the new Pharmacy Only treatment containing ethyl lactate, was launched into test market in Central and Harlech television areas late August. According to Elida Gibbs, sales targets for 1982 were exceeded "comfortably" and the product achieved a 19 per cent value brand share in the test area for November-December.

DDD's Deep Down products are being advertised in teenage magazines throughout the year. From April, advertisements will appear in cinemas in Yorkshire, the north east, the north west and Anglia and, from September, in the Midlands, south Wales and west.

The Oxy range is to be "heavily supported" by trade and consumer incentives during the next six months.



## Progress with some difficult diseases

Some of the most exciting advances in skin therapy in recent years have come in the treatment of psoriasis. The following account of progress in this and other difficult skin conditions is based on an interview with Dr Harvey Baker, MD, FRCP, consultant dermatologist, London Hospital (Whitechapel).

Psoriasis is characterised by an accelerated cell division in the epidermis, resulting in dry red patches covered with thick silvery scales. Promising results have been seen using the PUVA regimen of psoralen and ultra-violet A, although this treatment is still not universally approved.

It has been known for a long time that psoralens in the presence of sunlight produce a fierce, blistering reaction on the skin. Some 10 years ago it was realised that these light-activated psoralens were antimitotic and slowed down the proliferation of epidermal cells. Treatment has thus been developed along these lines.

A psoralen, usually methoxsalen 0.6mg per kg, is given orally and, about 2 hours later when maximum concentration has occurred in the skin, the whole body is irradiated with high-intensity, long wave ultra-violet light. Because the light waves do not penetrate as far as the bone marrow and liver there are no toxic effects on those organs, unlike with the conventional cytotoxic drugs used in psoriasis. PUVA therefore offers an elegant weapon in that the drug is activated only in the target area.

Treatment is given three days a week and improvement is seen usually within 2-3 weeks. In about 75 per cent of patients the psoriasis has cleared substantially within 6-8 weeks.

### Not fully endorsed

Although PUVA has produced some extremely successful results it is still not yet fully endorsed by the UK licensing authorities. There are reservations about the long term effects on the skin, particularly as it is known that sunlight can produce skin cancers and, in animals, there is some evidence that light-activated psoralens may have a carcinogenic effect on the skin. There is also some clinical evidence that certain patients who have been exposed previously to large amounts of sunlight or other carcinogenic influences such as radiotherapy, can develop skin tumours in 2-3 years if they have PUVA.

The regimen is therefore usually reserved for the most severe cases of psoriasis which have not responded to conventional treatments, or for patients over 55 years old for whom the long term carcinogenic hazard may be less important.

There has been recent interest in the antimitotic drug razoxane which has a potent action against psoriasis and has produced beneficial effects in patients not responding to methotrexate. Razoxane is usually given on three consecutive days each week in a dose of 250mg per day initially. However, the drug is licensed only for use in various cancers and, because of its risk of bone marrow depression, it is not recommended for patients with non-malignant conditions such as psoriasis. It is therefore used only in compelling circumstances.

Another group of drugs proving useful in psoriasis are the retinoids, such as etretinate. This compound is also valuable in some less common diseases characterised by disorders of epidermal growth and maturation in which there is either an abnormal scaling or enormous thickening of the skin, particularly on the palms and soles.

### Severe form of acne

Isotretinoin, the 13-cis isomer of retinoic acid, has shown promising results in nodulo-cystic acne, a severe form of acne in which large, sterile abscesses appear on the face, chest and back. The condition often persists for many years and is notoriously difficult to treat. Isotretinoin 1mg per kg daily as a four month course seems to bring a lasting improvement and could represent a major breakthrough if proved safe. Roche are hoping to market the drug this year under the trade name Roaccutane.

Another difficult condition to treat is alopecia areata in which bald patches appear on the scalp of both sexes. It is thought to be an auto-immune disease in which the follicles "switch off" and the hair stops growing, although there seems to be no permanent damage to the roots. Injections of triamcinolone have been

used to stimulate small areas of regrowth but the procedure is too difficult and not safe enough to use over large areas of the head.

An alternative approach is to induce an inflammation or artificial dermatitis by applying irritants to the skin of the scalp. This irritation sometimes provokes the follicles to produce hair again.

Dinitrochlorobenzene, a strong sensitiser, has been used but there are doubts about its safety. Other substances under investigation include the butyl ester of squaric acid. This approach, however, may prove to be of research interest only because in practice the results have been disappointing.

There has also been some interest in the finding that the antihypertensive minoxidil causes hypertrichosis. Painting this drug on the scalp in the form of a lotion can stimulate the hair follicles, but trials so far have managed to produce only a light fuzz rather than flowing tresses — unlikely to make anyone a fortune as a cure for baldness.

## Campaign for Mycil extended

Television and Press advertising for Mycil powder and ointment will be extended this year with a six-week television burst in July and August and a national daily and Sunday Press campaign in June through to September.

"Both forms of advertising will continue the successful campaign strategy of making people aware that they need not be athletes to suffer from athlete's foot," says Ian Jenkins, health care group product manager. "It's a strategy which saw Mycil sales in last year's two television test areas increase by nearly 80 per cent year on year."

According to an independent retail audit, the market increased by 18 per cent year on year during the peak athlete's foot season, and Mycil's sales grew by 24 per cent making it "undisputed brand leader."

Point-of-sale material will include showcards, shelfstrips and a new shelf organiser. *Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5UA.*



## Deciding when to treat skin conditions

How far should pharmacists go in counterprescribing for skin conditions? Dermatologists, who frequently have to deal with problems resulting from misdiagnosis by the general public and occasionally GPs, are reluctant to suggest that pharmacists become too involved in diagnosis.

Dr Hilary Fawcett, registrar in dermatology, St George's Hospital, London, is typical of many when she says that pharmacists should avoid counterprescribing unless the diagnosis is immediately obvious, as in acne, athlete's foot or warts, but there is no harm in recommending bland, non-irritant preparations for symptomatic relief in patients whose conditions have already been correctly diagnosed by a doctor. For example, whereas pharmacists could safely offer emollients for any dry, scaly conditions, she believes it would be unwise to decide that a patient has psoriasis and recommend a course of dithranol cream without first having the diagnosis checked.

Some conditions should always be referred to a doctor and these are:

- 1 Any condition that is persistent or deteriorating.
- 2 Any condition with severe inflammation, or infections where the skin is weepy and purulent.
- 3 Any condition involving more than 30 per cent of the skin surface.
- 4 Any blistering diseases, eg severe sunburn.
- 5 Skin diseases in babies unless minor, such as mild nappy rash.

Scabies is notoriously difficult to diagnose and needs a trained eye to distinguish it from other rashes. Treatments, which can cause severe irritation when wrongly applied, should therefore be counterprescribed only to those patients in whom the diagnosis has been confirmed by a doctor, and to other members of the household or intimate contacts.

### general rule

As a general rule, Dr Fawcett recommends keeping to mild, soothing preparations, avoiding potential sensitisers such as topical antihistamines and local anaesthetics, and remembering that some patients may be allergic to novolin.

With eczema, the aim should be to counteract the skin's dryness and avoid chemicals such as detergents which aggravate the condition. Dr Fawcett

suggests starting with aqueous cream and going on to try other emollients until the most suitable is found. Aqueous cream may be added to the bathwater instead of using soap; if soap must be used it should be unperfumed. The patient can be advised to avoid rough clothing such as wool and to wear cotton next to the skin. Rubber gloves may be suggested as protection against harmful agents.

Urticaria may be safely treated with bland preparations such as calamine lotion, menthol in aqueous cream, or Eurax, with possibly oral antihistamines at night if the itching is severe. The patient should be advised to avoid possible causes of allergy and recommended to seek medical attention if the rash persists for more than a few days.

Generalised itching, with no visible skin changes, should always be referred to a doctor as it may be symptomatic of a more serious internal condition such as renal failure, anaemia or thyroid disease.

Dr Fawcett believes pharmacists have a major role to play in offering advice to all patients being treated with topical preparations, advice which should run along the following lines:

- ☐ How to apply the preparation, eg with hands or with special applicators; instructions for specific sites, eg scalp.
- ☐ Whether the medicament should be placed on the skin surface or rubbed in; patients tend to rub topical preparations in vigorously but most need only be applied lightly to the surface.
- ☐ Whether the preparation should be applied liberally or sparingly, diffusely or accurately to the area being treated, eg dithranol should be applied accurately, steroids should be applied sparingly but accuracy is not so important, emollients may be applied freely.
- ☐ Frequency of use — is there a

recommended regimen or is the preparation to be used as required?

☐ Areas to be avoided, eg irritant preparations such as dithranol, can damage the skin in flexural sites.

☐ Warn of predictable side effects and what to do about them, eg dithranol can stain the skin, acne treatments may cause tingling and redness. Patients using scabies remedies should be warned that the irritation may persist for a week or so after treatment, even though the mite has been killed. They might otherwise continue to treat themselves and produce dermatitis. The residual itching may be treated with calamine lotion.

☐ Warn patients to keep prescribed medicines strictly to themselves and not offer them to other people.

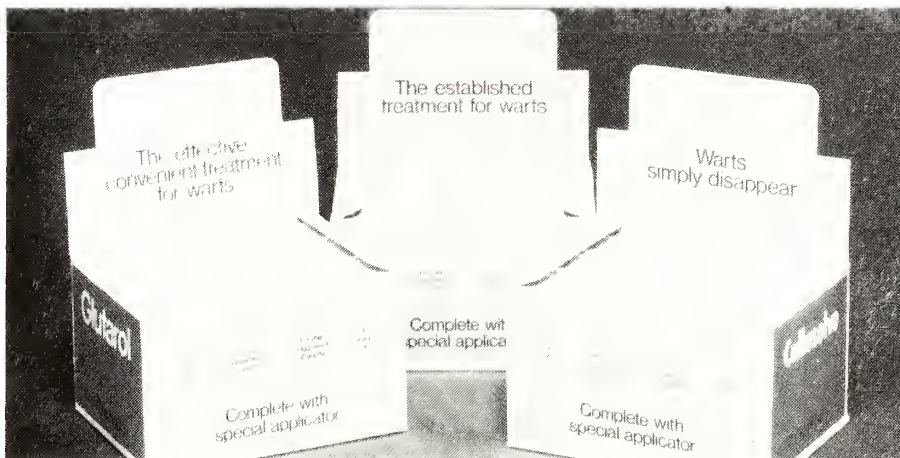
☐ Suggest other hints on use of the drug, eg warts should be pared down as an aid to treatment.

☐ Finally, give reassurance. Many patients are worried that they have a highly infectious condition and need convincing that this is not so. They may also believe, wrongly, that their complaint is due to lack of cleanliness and should be similarly reassured.

## Attack on warts

Because warts are unpredictable in their response to treatment, Dermal Laboratories have developed a range of topical preparations each based on a different pharmacological action.

Salactol, a keratolytic containing salicylic acid and lactic acid in flexible collodion, is recommended as a first line of attack for most patients and is said to be the most widely prescribed wart treatment in the UK. Callusolve, containing benzalkonium chloride bromine, is a virucidal / keratolytic combination recommended for multiple and mosaic warts. Glutarol, which is virucidal / anhidrotic without being keratolytic, has been developed as a painless form of therapy for children.





# Seven golds for



Geoff Cadogan, Manager, Finisher Sales, Kodak Limited, presented a Gold Award, August to November, to Terry Chapman, Director, Grunwick Processing Laboratories Ltd., Borehamwood.



Brian Bell, Managing Director of Belmont Photo Works Limited, Belfast, received one of the Gold Awards for August to November from Olympic swimmer Sharron Davies.



Miss Great Britain, Tracy Dodds presented Photographic Services, Wallasey, with the Kodak Gold Award for Quality for the period June to September.



Regency Film Services, Enfield, received a Gold Award for the period April to July from West Ham footballer, Trevor Brooking.



# Seven Finishers.



Donna Hartley presented a Gold Award to  
are Photoservice, Chester, who won it for the period  
July to October.



Lord Gordon Parry, Chairman of the Welsh Tourist Board,  
presented R. H. Williams of Haverfordwest with the Gold  
Award for the period May to August.



Lawrie McMenemy presented a Gold Award to  
an Freegard Limited one of the first two winners  
for the period April to July.

Seven companies produced superb standards to finish with Kodak Gold Awards for Quality in 1982.

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## Rota breaking — position restored by recommendation

Recommendations to complainants of rota breaking in the Province have been made by the Law and Ethical Committee of the Pharmaceutical Society of Northern Ireland. The Committee says that if they are followed, the position should be restored.

At the February PSNI meeting, Dr J.G. Swanton, chairman of the Law and Ethical Committee, said the Committee had considered reports of rota breaking over the New Year (*C&D*, January 29, p188), together with cases of a more prolonged nature.

### Drug monitoring

PSNI members have been thanked by Miss Griffiths and Professor McDevitt for assisting in the research programme to monitor the daily dosages of antidiabetic and antihypertensive drugs. Of the random sample of community pharmacies approached, 73 per cent were able to record daily dosage instructions. The survey showed that in 1980 Northern Ireland's antihypertensive drug use was half that of the Swedish and three quarters of the Norwegian rate. Insulin prescribing levels for the Province were then similar to Norway's but half of those in Sweden where oral hypoglycaemic utilization was more than three times higher.

### 'Drug abuse'

A symposium on "Drug abuse", organised by the Society of Pharmacy Students, The Queen's University of Belfast, was to be held from 2pm to 5pm on Wednesday, March 9 at the medical biology centre.

The president said that 23 students had indicated they wished to attend the management course to be given by Drs Booth and Jones in the Society's lecture hall on March 18-20. In the circumstances no invitations to attend had been issued to members of the Society.

The number of students attending the residential course at the headquarters of the Northern Ireland Staffs Council would be about 30. The course is to be held on April 6-8.

Mr Napier reported that a meeting of the Lurgan, Portadown and Armagh district branch had been held at the Brownlow health centre on February 15 when a talk on "Current trends in counter prescribing" had been given by Mr J. Fittall of May and Baker Ltd who sponsored the meeting. This was followed by a talk given by Mr G. James of Vincent

James Associates on "Problems and pitfalls in damage claims", attended by 40 members. The branch's annual meeting and dinner is on Monday, April 11.

Mr McGlaughlin said that a meeting of the mid and North Antrim District Branch had been held in the Adair Arms Hotel, Ballymena on February 16, when Dr J. Lim, consultant paediatrician, Wavency Hospital, Ballymena, gave a talk on "Childhood asthma". He emphasised the importance of management in relation to the use of broncho-dilators, preventative therapy and home nebulizations. The attendance was encouraging and it was hoped to hold another meeting before the winter session ended. The meeting had been sponsored by Astra Pharmaceutical Ltd whose representatives were thanked for their assistance.

### Secretary designate

Reports from the Finance and House Committee and Ethical Committee and the panel appointed to consider applications for the post of secretary designate were approved. Presenting the latter, the president said a shortlist of six candidates had been made and interviews were held on Wednesday, March 2. Since the list was drawn up one candidate from overseas had withdrawn.

Messrs J.B. Beagon, W.T. Hunter and J.K. McGregor are to be put forward for consideration when appointments to the Central Pharmaceutical Advisory Committee are being made.

It was agreed to submit the name of Dr J.G. Swanton for consideration when appointments to the Committee on the Safety of Medicines were being made.

### Registration applicants

The applications for registration as students of the following were granted: Mary Siobhan Bell, 22 Glenholm Crescent, Belfast BT8 4LS; David Lindsay Gracey, 83 Station Road, Greensialand, Carrickfergus, co. Antrim; Fiona Mary McGuckin, 6 Highfield Road, Magherafelt, co. Londonderry; and Rhoda Gertrude Morgan, 24 Ballyheifer Road, Magherafelt, co. Londonderry.

## PRESCRIPTION STATISTICS

### Northern Ireland

Chemist and appliance suppliers in Northern Ireland in August dispensed 975,867 prescriptions (606,499 forms) at a gross cost of £4,429,789 at an average cost of £4.54 each.

During September 1,077,778 prescriptions were dispensed (668,955 forms) at a gross cost of £4,769,814 at an average cost of £4.43 each.

October figures show that 1,072,078 prescriptions were dispensed (665,850 forms) at a gross cost of £4,721,804 and at an average cost of £4.40 each.

### Scotland

Average cost of prescriptions dispensed by chemists and appliance suppliers in Scotland for November 1982:

	Pence
Ingredient cost	330.700
Oncost	43.723
Dispensing fee	33.288
Interim allowance	12.979
Container allowance	3.800
Other misc costs	1.284
<b>Gross cost</b>	<b>425.774</b>
Less charges	30.532
<b>Net cost</b>	<b>395.242</b>
Total number of prescriptions: 2,957,678	

### England and Wales

The Pharmaceutical Services Negotiating Committee has published these statistics:

England	October 1982	October 1981
Total number of Prescriptions	25,558,055	25,972,185
Total cost	£99,246,472	£90,237,666
Total Oxygen Payments (included in Total Cost)	£622,633	£548,598
Average Net Ingredient Cost	322.65p (17.76p)	284.40p (15.15p)
Average Discount	(17.76p)	(15.15p)
Container Allowance	3.80p	3.80p
	308.69p	273.05p
Average Fee	40.62p	40.38p
Average Oncost	36.57p	31.90p
Average Total Cost	385.88p	345.33p
Wales	October 1982	October 1981
Total number of Prescriptions	1,999,059	2,028,380
Total cost	£7,459,556	£6,819,349
Total Oxygen Payments (included in Total Cost)	£79,095	£71,440
Average Net Ingredient Cost	307.57p (16.97p)	272.69p (14.37p)
Average Discount	(16.97p)	(14.37p)
Container Allowance	3.79p	3.79p
	294.39p	262.11p
Average Fee	40.53p	40.27p
Average Oncost	34.28p	30.30p
Average Total Cost	369.20p	332.68p



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Further information and data sheets are available on request.

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CO047



# LETTERS

## *SDP and pharmacy*

I write with information regarding the Social Democratic Party Health and Personal Social Services Association. The Association is to hold its first Annual Meeting on March 19 at 2.00pm at Mary Ward House, 42 Queen Square, London WC1. Details of membership of the Association may be obtained from SDP headquarters at 4 Cowley Street, London SW1, while an agenda and details of the meeting are available from Mrs J.M. Davy 14 Delamere Road, Malvern, Worcs.

As convener of the SDP Pharmacy Group I hope to be present to represent the group, and following the meeting — where there will be an opportunity for special interest groups to meet — I should be pleased to see any pharmacist members of the Association who might be present.

May I also take this opportunity to remind you that the SDP Pharmacy Group is open to pharmacists who are either members of the SDP or sympathetic with its aims. Details of membership are available from myself at the address below.

**N.L. Wood**

Convener, SDP Pharmacy Group,  
25 Meadow Rise, Blackmore,  
Ingatstone, Essex.

## *Change to U-100 insulin*

Before proceeding with this letter I must emphasise in all sincerity that I have been motivated to write solely by my deep concern for the sustained well being of UK insulin dependent diabetics.

Many people and organisations, my own among them, have devoted extensive thought and planning to the change to U-100 insulin, primarily to ensure that at all times throughout the whole change period, all insulin dependent diabetics will have ready access to the type and strength of insulin which has been prescribed and to the appropriate insulin syringe.

All of the indications are that it will be several months before the majority of patients have been converted to U-100. In the meantime it is vital that they should be able to continue smoothly with their current insulin therapy.

The official date for the beginning of the change to U-100 was March 1 and it is estimated that, for various reasons, in many parts of the UK the actual commencement date could be somewhat later. In spite of this my company has already started to receive reports and telephone calls from various points in the country expressing mounting alarm

among diabetics at the increasing non-availability in retail pharmacies of the B-D Plastipak 1ml syringe and needle combination (20 unit scale) for use with U-40/U-80 insulins.

At this stage it is not possible to quantify the extent of the problem. However, I felt that I should immediately report the situation. Clearly, if it develops then it could become extremely serious and work against the best interests of diabetic patients. It must surely be accepted that they already have enough to contend with coping with their condition without having to concern themselves with the added problem and anxiety of increasing non-availability in pharmacies of an item directly linked to their daily care and control.

**Arthur Jackson,**

Becton Dickinson UK Ltd

## *Member's club for Council*

I was heartened to read of the resolution proposed by the Sheffield branch for the Brand Representatives Meeting in May C&D March 5, p388).

Such a consistently low return of voting papers over the years is a clear indication of the unhealthy state of our Society controlled as it is by a Council which cannot claim to be representative.

From my discussions with colleagues, it seems that I High Street, Lambeth is regarded as an expensive and superfluous bureaucracy and as a cosy Council members club. I have yet to come across a pharmacist who regards his retention fee as money well spent — while at the same time, I have not met a National Pharmaceutical Association member who does not consider his subscription to be excellent value. What is wrong?

I am neither qualified or experienced in pharmaceutical politics to be able to offer an answer, but Mr Editor, may I suggest that you commission five or six suitably placed pharmacists (or others) to produce a series of papers on "The function and future of the PSGB." At the same time, I believe this section of C&D could provide some enlightening viewpoints.

Let dialogue commence.

**Clovis**

Editor. Any offers?

## *Electioneering*

I imagine many of my colleagues in the National Pharmaceutical Association's area 2 were saddened, as I was, when they opened their NPA election papers and discovered that one of the candidates had found it necessary to resort to abuse in his election statement.

Some members may be induced to register their displeasure by throwing the voting paper in the bin: before doing so they should remember that apathy is the staff of life to extremists.

It is to be hoped that the incoming Board of the NPA will take steps to prevent a repetition of this sort of electioneering in the future by providing for Mr Astill and his staff to exercise some degree of editorial control over candidates election statements where those statements are in danger of sounding more like parliamentary than pharmaceutical politics. It is also to be hoped that it will never be necessary for them to do so.

**R. Hazlehurst**

Bradford.

## *Out of vapours?*

Could I ask via your columns for an explanation from Wright, Unman & Co why either the complete vaporisers, the refill candles or the refill liquids develop out of stock situations at least once and often several times a year.

**S.D. Surr**

Mill Green View, Leeds

■ LRC Products, who now handle the vaporiser, say there have been problems in obtaining the candles from an outside supplier. The whooping cough epidemic has led to a shortage of fluid.

## *Egg on the face?*

I must say that my heart bleeds for those unfortunates who are now proposing to establish the "Association of New Pharmacies" (C&D last week p388), or would it be better named "Leapfrogers Anonymous."

It seems to me right and just that those who set out with a cold and callous judgment to ruin someone else's livelihood, for their own greed, should end up with egg on their face.

**Alan Williams**

Swansea

## *What's in a name?*

I note with alarm that DF (or Duncan Flockhart as we used to know them) have now abbreviated the name Paramol-118 to Paramol, and wonder how long it will be before some poor pharmacist inadvertently dispenses and labels (typewritten of course!) Panadol in lieu of this. (Still at least the error will be legible to the patient!)

Such an error however will no doubt lead to prosecution and reprimand from our own governing body, which leads me to ask the question of whether DF have a vested interest in the persecution of pharmacists, or are there other underlying sinister principles involved.

**Alan Williams**

Swansea.

□ Duncan Flockhart say that although Paramol, (previously designated Paramol 118) contains only 10 mg dihydrocodeine in addition to 500 mg paracetamol, some



doctors were prescribing it for the treatment of severe pain, believing that it contained the higher dose of 30 mg hydrocodeine as with DF 118. We therefore removed the misleading "118" suffix so that doctors would more readily recognise that Paramol is in fact for the treatment of mild to moderate pain. In addition the tablets now carry the brand name Paramol as a further aid to product identification. We believe that these changes will have clarified the prescribing position.

## WESTMINSTER REPORT

### Discount clawback on drug costs

The amounts recovered by the Department of Health for discount on drug costs from retail pharmacists in England were:

1977-78 £7.7m  
1978-79 £5.3m  
1979-80 £8.7m  
1980-81 £11.3m  
1981-82 £34.4m

No discount adjustment was made between October 1, 1978 and February 8, 1979 to repay chemists for earlier over-deductions. The average adjustment has increased from 1.54 per cent on June 1, 1981. Reimbursement of the cost of drugs to dispensing doctors is not subject to a discount adjustment, Mr Geoffrey Finsberg, Under Secretary at the Department of Health, told SDP health spokesman Mike Thomas.

The value of excess profits recovered from pharmaceutical manufacturers in the UK under the Pharmaceutical Price Regulation Scheme were:-

1977-78 £2.630m  
1978-79 £1.676m  
1979-80 £1.268m  
1980-81 £1.619m  
1981-82 £0.718m

### £36m could be saved on generics

The potential savings from buying nine generic drugs, compared with the December 1982 prices for branded medicines, would be: England £30m, Wales £2.4m, Scotland £3.5m, Mr Geoffrey Finsberg, Under-Secretary for Health, told Mr Mike Thomas.

Mr Thomas had asked what the savings would be increased by if, respectively amitriptyline 25mg 500 were brought at the current cheapest price of £2, diazepam 5mg, 1,000 at £1.20, methyldopa 250mg 1,000 at £14.50, nitrazepam 5mg 500 at £1.45, indomethacin 25mg 250 at £4.00, frusemide 40mg 500 at £2.10, ampicillin 250mg 250 at £4.90, imipramine 25mg 500 at £1.50 and propranolol 40mg 1,000 at £5.00; and what the total comparable savings would be for Wales and Scotland.

Mr Finsberg pointed out that the prices Mr Thomas quoted came from an unknown source, and that all the savings pre-supposed doctors would prescribe generic drugs in all cases.

### More options on rural forms?

Mr R. McCrindle (Conservative) to ask the Secretary for Social Services if he will state his reasons for opposing the designation of a third party to administer patient option forms as requested by rural chemists.

### Script charges to £2?

According to Mr Norman Atkinson (Labour) the Government's NHS policy study group is considering the possibility of recommending that prescription charges should be raised to £2 per item.

In question time in the Commons on Tuesday, he called on the Prime Minister to give an assurance that "never, so long as you are Prime Minister, will you allow

prescription charges to rise to ten times the amount they were when you came to office".

The Prime Minister replied that from time to time prescription charges had to be raised. She emphasised that existing arrangements allow widespread exemption from prescription charges covering the elderly and children and the chronic sick.

### Sunday options

Home Secretary William Whitelaw is considering options for resolving the present state of disagreement over the Sunday trading laws, David Mellor, Under Secretary of State at the Home Office, told the Commons last week. The Government still have no plans for legislation in the area, however.

### Cheaper OTC?

Mr Harold Walker, Labour MP for Doncaster, asked the Secretary of State for Social Services if he will require pharmacists to inform customers where a drug is available more cheaply over the counter than on prescription. In a written answer Mr Geoffrey Finsberg, Under Secretary for Health, said that the pharmacist may do so if he wishes, but any extension of the arrangements must await the report of the informal working group on effective prescribing. Mr Finsberg said he would ensure that the suggestion was taken into account.

### Labour manifesto

Labour Party discussions on the contents of the party's campaign document — a precursor to the manifesto — have reconfirmed their policy that a major public stake should be taken in the pharmaceutical industry. This would be done both to protect the interests of the NHS and in keeping with Labour's broader industrial strategy.

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## Small business advice from the Government

Pharmacy owner/managers wishing to know more about the range of Government schemes available to help small businesses will soon find help at hand from the Department of Industry. John MacGregor — Minister with responsibility for small firms — last week announced the launch of a £2.5m Press and television advertising campaign. Small businessmen will be encouraged to send for copies of "How to Make Your Business Grow" — a "one stop" guide to Government schemes and sources of professional advice.

The campaign — which carries the slogan "The Government's got a lot to give. Take it." — breaks on March 18. From this date, interested parties will be able to call Freephone Enterprises via the operator and ask for a copy of the guide.

The campaign's primary target is the owner/manager of existing businesses. It is felt that literature in the Government's earlier Business opportunities programme concentrated too much on entrepreneurs wishing to set up an entirely new business. The aim is to make application procedures as simple as possible, as it is felt that the small businessman has enough "bump" to deal with already. With this in mind, the guide gives a basic run-down on the 86 schemes included,

together with contact points for further information.

While only a small proportion of the schemes will be applicable to any single business, John MacGregor believes there is "something there for everyone." He stresses that only a handful of the schemes are available to manufacturing concerns only.

A secondary objective of the campaign is to improve awareness among professional business advisers such as bank managers and accountants — often in the "front line" for small business enquiries. The Department's market research, conducted in preparation for this current activity, showed over 85 per cent of professional advisors interviewed thought few schemes existed to help clients in the small business sector. Over 60 per cent thought less than ten existed, while more than 40 per cent of respondents said they would be unable to tell small businesses where to go for free technical advice (technical advice enquiry service — details in the DoI guide).

In an attempt to put this right, chartered accountants Deloitte, Haskins & Sells are organising a series of regional seminars aimed at professional groups, featuring speakers from various institutions within the private sector.

## Distributors head failures table

Retail and wholesale distribution topped the business failures table in February, according to the latest survey from insurance underwriters Trade Indemnity. The industry accounted for 102 of the 349 failures reported among the company's clients over the month.

This represents a 32.5 per cent increase on the 77 failures recorded in distribution the previous February — itself the worst month of 1982 in overall terms. This year's figures show the distributive trades as being followed by engineering, with 77 failures, and construction, with 69. Total business failures among Trade Indemnity customers were up 7.1 per cent from last February's 326.

## New tenancy notice

New forms of notice for use by landlords and tenants involved in business tenancy agreements will be introduced on April 1. The necessary regulations were laid down

before Parliament last week by Secretary of State for the Environment Tom King. Assuming there is no objection to the regulations while they are before the House, they will go through.

The new forms have been revised to deal with changes in the law since the original forms were brought in, and re-drafted in order to reduce the administrative load for the small businessman. Copies of the new forms of notice will be available from April 1 at all law stationers. An up-dated booklet on business tenancies is also to be published on that date.

## Pfizer expand

Pfizer Ltd have begun work on a £7.5m extension to their existing research plant at Sandwich, Kent. The 69,000 sq ft extension will house additional laboratories to allow for intensification of effort on the division's main projects — new cardiovascular, anti-infective and veterinary drugs. Staff will increase by 500 and work is scheduled for completion in August 1984.

## Insulin sales give Novo a good year

Novo Industries have increased profits by 36 per cent to £46.8m in the year to December 31, 1982. Sales for the year reached £209m, up 22 per cent on 1981's £172m. Pharmaceutical sales rose 33 per cent, while turnover in the company's enzyme business increased by 10 per cent. Most of the increase in pharmaceuticals is attributed to increased insulin volume.

While artificially-produced human insulins have so far captured less than 1 per cent of the UK market, Novo Laboratories managing director Peter Harsant, points out that the company had never expected to see explosive growth in this area, and said they were quite satisfied with the steady progressive growth which had occurred. Mr Harsant believes that the initial conservatism of the medical profession, while understandable, will be overcome in time.



*Telephoto Services Ltd sales director Harry Pleasant (right) is shown here presenting a £500 sales award cheque to Glasgow representative David Macfarlane. David says much of his recent business came about from leads received via an insert in C&D. Clearly a man of impeccable taste!*

## Macarthy's gear up for direct ordering

Macarthy's Ltd are to install a £2 million Sperry Univac 1100/62 multiprocessor system at their Romford, Essex headquarters. The computer will be the centre of a network serving 18 depots.

The 1100/62 will have 1.5 Mwords of main memory supported by 24 fixed disc drives providing a further 12,000 Mbytes of online storage. There will also be four magnetic tape systems and two 1400 lpm printers.

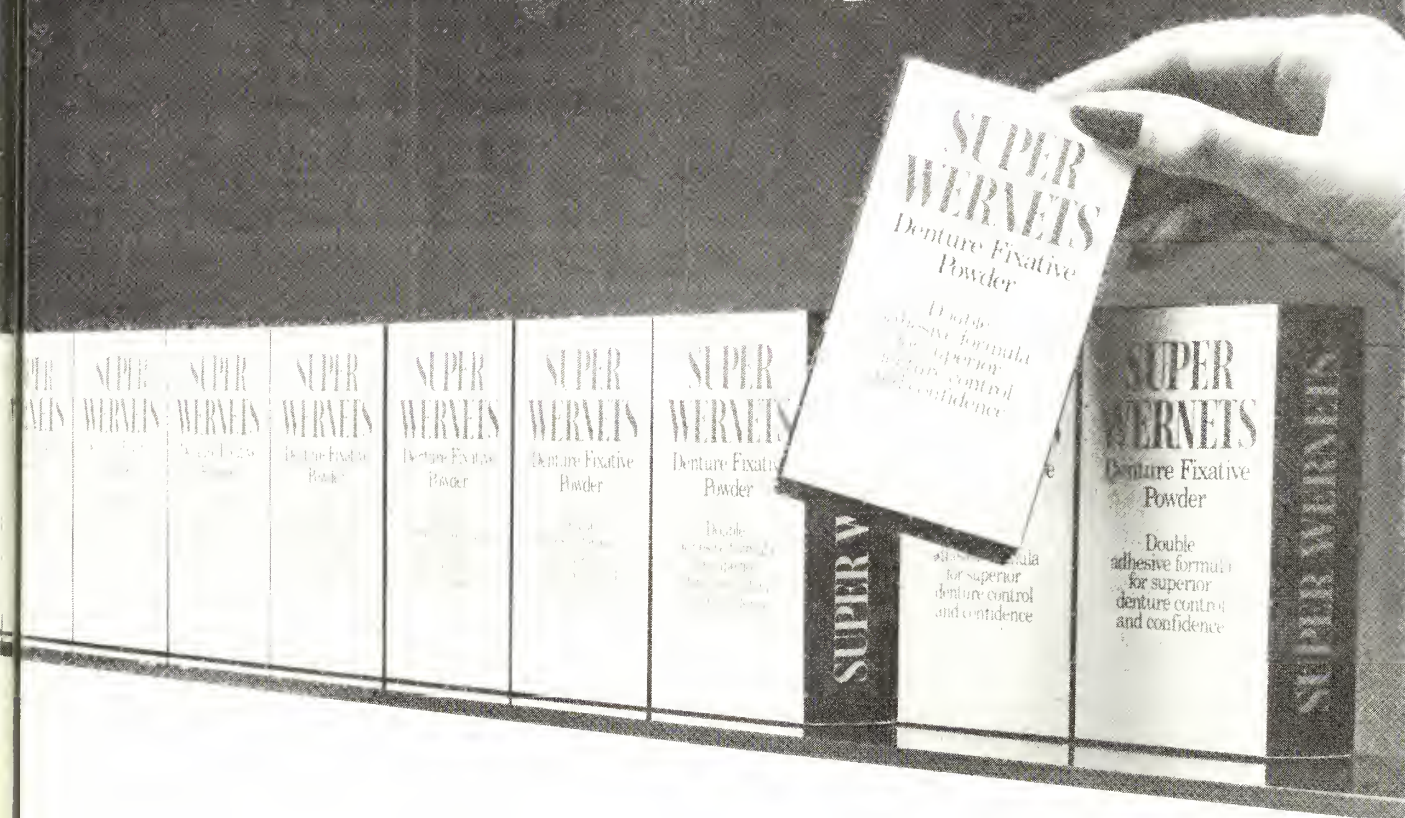
Macarthy's are established Sperry Univac users, having a complex of five 90/30 medium scale mainframe computers in operation at Romford. These will be replaced by the 1100/62.

Macarthy's are shortly introducing direct data transmission from customers' premises and the 1100/62 will increase the capability for further development.

*More Business News overleaf*



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## Precinct access illogical says FTA

Current policy restricting deliveries for shops in pedestrian precincts is in many cases illogical, according to a report from the Freight Transport Association. Preventing access from as early as 10am, as often happens at the moment, is completely unnecessary, they argue. Delivery activity is normally concentrated between 10 and 11am in any case, when pedestrian flows are generally low. The peak time for pedestrian activity is 12 noon-3 pm, when deliveries are relatively few.

The FTA point out that they are not opposed to pedestrianisation schemes in principle, but feel that the interests of both their members and of retailers are at risk as a result of more and more schemes introducing excessive restrictions on delivery access. "The cumulative effect of such restrictions in successive towns is to steadily erode vehicle and driver productivity," they say. And this increase in costs must ultimately be passed on to the retailer.

Where rear access to all premises is not possible for a particular scheme, the FTA suggest a service-vehicles only policy be adopted. "Pedestrianisation schemes which do not allow such flexibility could end up consisting of estate agents, banks and other service offices as opposed to shops supplying daily requirements" they conclude. "*Freight Facts 1/83 — An FTA survey of town centre restrictions*" (£5.00), Freight Transport Association Ltd, Hermes House, St John's Road, Tunbridge Wells, Kent TN4 9UZ.

## Portable labeller from Chemlab

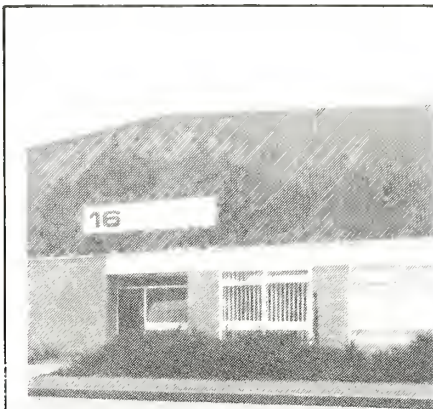
Chemlab, a computer labelling system based on the Epson HX20, has been launched by PDS of Bolton, Lancs.

The system can store up to 700 drugs — 400 are pre-programmed. The program is menu driven and takes about 35 seconds to produce a label on the integral printer, say PDS. An optional fast buffered printer can be supplied as a separate unit.

The computer is powered by rechargeable nickel cadmium batteries which will give a minimum 50 hours working time before they need recharging, making the system extremely portable. When switched off the system does not lose its program or data — it goes into a "sleep state" with a small amount of current trickling through.

PDS intend to offer the system on a mail order basis. To overcome the reluctance to buy without having seen, the system will be offered on a "money back within 14 days" scheme. Hardware can be serviced through Epson's appointed service centres.

The system comes complete with



Independent wholesalers Interchem, formed just over a year ago to service pharmacist accounts in the West Midlands, are introducing a PLOF computerised ordering system on April 1. Interchem say they give competitive prices on split packs of OTC products delivered weekly to Leicester, Coventry, Birmingham and surrounding areas. The computer system can give details of stock availability and computer invoicing.

## Higher VAT base suggested by SBB

A higher threshold of registration for VAT and the elimination of the tax between registered traders are among options being considered by a VAT working party set up by the Small Business Bureau.

The working party was set up in April 1982 to review systems of VAT used in other EEC countries in the hopes of bringing a way to simplify administration of the UK system for small traders, while retaining present levels of revenue. They have issued an interim report to point out that there is no one system in use

elsewhere in the community which they would recommend for the UK. Their work will continue, looking into the above possibilities which they feel could be attractive, and the Committee will report again in April 1983.

## Mailing preference

Six mail order trade associations have joined with the Post Office to form a new company which will allow consumers to have their names deleted from the lists held by member organisations. The Mailing Preference Service was launched last week by Consumer Affairs Minister Gerard Vaughan.

## APPOINTMENTS

### ABPI try regional PR in Sussex

The Association of the British Pharmaceutical Industry has appointed a regional public relations consultant for the Sussex pharmaceutical industry. The pilot scheme will evaluate the impact of a local "spearhead" in providing a regional information service to the Press, radio and television.

A former public affairs manager of the ABPI, Mr William (Bill) McMillan has been appointed for twelve months to December 31. His programme will be co-ordinated by the present public affairs manager, Mr Peter Lumley, and funded by industry in East and West Sussex.

Mr Lumley said the pilot scheme is part of ABPI strategy to meet criticism of the industry at a local level.

Mr McMillan is a Fellow of the Royal Society of Medicine and was more recently a director of the Chemical



Aubrey Feingold, proprietor of Birkby's, Werneth, Oldham, has been using the Chemlab system in his practice, and acting as a test site for PDS, the distributors

manuals, microcassette drive, expansion unit, case, label roll holder, 1,000 labels including die cast for the chemists name. The cost is £749 + VAT. PDS, Carne House, Markland Hill, Bolton, Lancs BL1 5AP.



Industries Association.

He will operate from Turners Hill, West Sussex (telephone: Cophorne 5315), in collaboration with, Armour/Berk (Eastbourne), Bayer (Haywards Heath), Beecham (Crawley/T Worthing), Ciba-Geigy (Horsham), H. Robins (Horsham), Schering (Morgess Hill) and Upjohn (Crawley).

**Norwich Eaton Pharmaceuticals Inc:** Mark Davis, MPS, former managing director of UK subsidiary Norwich Eaton Ltd, has been appointed director of European licensing and acquisitions for the American parent company. He will continue to be based at Norwich Eaton's European headquarters in Woking.

**Dendron Ltd:** Roy Bray is appointed sales manager.

**LRC Products:** Ron Mallinson has been appointed marketing controller for medicines and toiletries. Mr Mallinson is previously with Beechams.

**Stiefel Laboratories (UK) Ltd:** David Feris moves from director of marketing managing director, taking over from H.A. Stiefel on April 1. Mr Stiefel will continue as chairman of the board.

**Boots The Chemists:** Michael Ruddell is appointed director of marketing, Marshall Davies becomes director of operations and John Berry takes responsibility as director of systems and administration.

## MARKET NEWS

### Further rises as £ sinks lower

London, March 8: With the value of sterling falling to its lowest recorded level against the US dollar several essential oils and crude drugs were marked up, although the extent of the rises were less than might have been expected. It seems buyers were reluctant to do business in the present financial climate except where necessary to cover their immediate requirements.

The main feature among oils was Ceylon citronella which rose by 50p/kg. Dearer also were cassia, cedarwood, eucalyptus and ginger — all in the forward position. Brazilian peppermint for shipment was slightly easier for the second week in succession, but it is thought that because of the shortage at origin the oil's present high value is unlikely to fall much further during the next few months.

Shortages among crude drugs continues with Curacao aloes, Canada balsam, all forms of belladonna, jalap

and tonquin now unquoted. In the pharmaceutical chemicals sector increased prices have taken effect for carbazochrome, isoetharine, lobeline, potassium nitrate and johimbine.

#### Crude drugs

**Aloes:** Cape no spot; £2,045 metric ton, cfr. Curacao unquoted.  
**Balsams:** (kg) Canada: unquoted. **Copaiba:** Spot £4 35; £4 60, cfr. **Peru:** £8 spot; £7 85, cfr. **Tolu:** Spot £5 40.  
**Belladonna:** herb leaves and root unquoted.  
**Benzooin:** £152 cwt, cfr.  
**Cardamoms:** AGN £7 75 kg, cfr.  
**Cascara:** No spot; £1,520 metric ton, cfr.  
**Cherry bark:** No spot or cfr.  
**Lemon peel:** £1,900 metric ton spot and cfr.  
**Liquorice:** Root, no spot, £670 metric ton, cfr. Block juice £1,400 metric ton spot; spray-dried powder £1,900.  
**Nice:** Grenada unsorted £4,200 metric ton, tob.  
**Menthol:** (kg) Brazilian £7 65 spot; £7 25, cfr. Chinese £7 50 spot; £7 15, cfr.  
**Quillaia:** Spot £1,095 metric ton; £1,085, cfr.  
**Sarsaparilla:** Mexican £1,990 metric ton, cfr.  
**Seeds:** (metric ton, cfr). **Anise:** China star £2,250. **Celery:** Indian £800. **Coriander:** Moroccan £490. **Cumin:** Indian £1,175. **Fennel:** Indian £1,800. **Fenugreek:** Indian £275; Turkish £285.  
**Squill:** Indian white £340 metric ton, cfr.  
**Styrax:** Turkish natural £5 40 kg spot.  
**Tonquin beans:** unquoted.  
**Turmeric:** Madras finger £650 metric ton spot and cfr.

#### Essential oils

**Almond:** Sweet in 4-ton lots £1 75 kg duty paid.  
**Anise:** (kg) Spot £13 25; £11 75, cfr.  
**Bay:** West Indian £12 90 kg spot; £12 50, cfr.  
**Cassia:** Chinese £57 50 kg spot; £55 75, cfr.  
**Cedarwood:** Chinese £4 45 kg spot; £4 25, cfr.  
**Cinnamon:** Ceylon leaf no spot; £4 25 kg, cfr; bark English-distilled, £155.  
**Citronella:** Ceylon £2 90 kg spot; £2 85, cfr. Chinese £3 30 spot; £3 10, cfr.  
**Eucalyptus:** Chinese £3 35 kg spot; £3 18, cfr.  
**Fennel:** Spanish sweet £7 50 kg spot; £7 40, cfr.  
**Ginger:** Bourbon £26 kg spot; £25 50, cfr.  
**Geranium:** Chinese £28 kg spot; £27 30, cfr. English, distilled (ex W. African root) £67 50; ex Indian £73.  
**Peppermint:** (kg) Arvensis — Brazilian £14 spot; £13 25, cfr. Chinese £4 55 spot; £4 65, cfr. American piperata £13 50.  
**Sandalwood:** Mysore £78 kg. East Indian £78 both spot.  
**Spearmint:** Chinese £9 80 kg spot; £9 80, cfr. American from £45 75 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

**South East Metropolitan Branch, Pharmaceutical Society,** Queen Mary's Hospital, Sidcup, at 8pm. Professor I.M. Cameron, London Hospital, on "Forensic medicine".

#### Wednesday, March 16

**Epsom Branch, Pharmaceutical Society,** Bradbury Postgraduate medical centre, Epsom District Hospital, at 7.45pm. Lecture on "Immunology".

**West Surrey Branch, National Pharmaceutical Association,** Stoke Hotel, Stoke Road, Guildford at 8pm. Mr M. King, NPA executive officer, on "Statutory Sick Pay — what you need to know."

#### Thursday, March 17

**Ayrshire Branch, Pharmaceutical Society,** Balgath Hotel, Dunure Road, Ayr, at 8pm. Professor W. I. Tilstone on "Some aspects of forensic science".

**File Branch, Pharmaceutical Society,** City Hotel, Dunfermline, at 7.45pm. Professor J. Crossland, professor of pharmacology, University of Nottingham, on "New views of epilepsy".

**Northumbrian Branch, Pharmaceutical Society,** Viscount Room, Imperial Hotel, Jesmond Road, Newcastle, at 7.30pm. A speaker from the Northumbrian Water Authority on "The theory and working of modern sewage disposal".

**Manchester & Salford Branch, Pharmaceutical Society,** The Wendover House, Morton Road, Eccles, at 7.30pm. Joint open meeting with Manchester Branch, National Pharmaceutical Association, Manchester Jewish Pharmacists Association, Guild of Hospital Pharmacists and Boots Pharmacists Association. Mr D. F. Lewis, Mr M. Gellman and Mr B. Silverman, lead a discussion on "The role of the pharmacist in the community".

**Weald of Kent Branch, Pharmaceutical Society,** Postgraduate medical centre, Kent and Sussex Hospital, Mount Ephraim, Tunbridge Wells, at 8pm. Mr T. D. Turner on "Medical antiques".

**Worthing Branch, Pharmaceutical Society,** Worthing Postgraduate medical centre, Homelield Road, Worthing, at 7.30pm. Speaker from Kirby Warrick Ltd on "Skin diseases and their treatment".

#### Friday, March 18

**Dundee and Eastern Scottish Branch, Pharmaceutical Society,** Ninewells Hospital, at 7.30pm. Mrs M. Sharpe on "Drug addict, his problems, his treatment, his cure".

#### Advance information

**British Society for the History of Pharmacy,** Seabank Hotel, Porthcawl, on April 15-17. Weekend course on "Medicine and Pharmacy in Wales". Full weekend inclusive price £46. Details from Mrs L. Cameron, 36 York Place, Edinburgh.

**Autumn Gifts Fair,** Olympia, London, on September 3-7. Details from Trade Promotions Services Ltd, Exhibition House, 6 W Warren Lane, London SE18. Telephone 01-855 9201.

**Unit for Retail Planning Information,** Regent Crest Hotel, London W1 on April 21. Workshop on "Will we need shopping centres? The effects of tele-shopping and EFTS." Fees £70 + VAT (non-members £90 + VAT). Application forms from Christine Nixon, U.R.P.I., 26 Queen Victoria Street, Reading RG1 1TG.

## COMING EVENTS

### Patient care in Scotland

A symposium for Hospital pharmacists will be held at the University of Stirling, June 16-17. The four session titles are "Developing clinical pharmacy in Scotland," "Caring for the oncology patient," "The hospital patient at home" and "New approaches in practice." There are places for 150 delegates. The registration fee of £15.00 covers accommodation, meals and lectures. The symposium is sponsored by Travenol Laboratories. Further information from Conference Contact, The Maltings, 41 High Street, Chesterton, Cambridge CB4 3NQ (telephone: 0223 314444).

### Numark at Wentworth

The final of the 1983 Numark chemist golf tournament for the Rennie trophy will be held on the West Course at Wentworth on September 22. This is the fourth year of the tournament and once again Numark and Rennie personnel will be competing in five teams representing their regions for individual and team

trophies.

Entry forms (closing date April 8) are available from Numark wholesalers or Phil Duckworth, Numark, 51 Boreham Road, Warminster, Wilts BA12 9JU.

### Philips shows

The venues for the Philips Small Appliances' regional shows have now been confirmed. Holidays worth £2,500 will be given away during the shows and there will be a special bonus for customers placing direct orders.

The venues are: March 29-30, Park Lane Hotel, London; April 7, Edgebaston Banqueting Centre, Edgebaston, Birmingham; April 12, Norfolk Garden Hotel, Bradford; April 14, Holiday Inn, Glasgow; April 20, Conway Hotel, Dunmurry, Belfast. All the shows will be open from 11.30am to 9pm (Belfast 11am to 6pm).

#### Monday, March 14

**Plymouth Branch, Pharmaceutical Society,** Derriford Board Room, at 8pm. Professor R.T. Partitt, head of school of pharmacy and pharmacology, University of Bath, on "Analgesics and addiction".

**Southampton Branch, Pharmaceutical Society,** Warner-Lambert Ltd, Chestnut Avenue, Eastleigh. General meeting and buffet.

**Swindon Branch, Pharmaceutical Society,** King's Arms Hotel, Wood Street, Swindon, at 8pm. Mr D. Knowles, member of Council, on "The use of computers in pharmacy".

#### Tuesday, March 15

**Bristol Branch, Pharmaceutical Society,** Postgraduate medical centre, Southmead Hospital, at 8pm. Mr R. Winstone on "Bristol as it was, 1940 to 1950".

**Reading and Berkshire Branch, National Pharmaceutical Association,** Postgraduate centre, Royal Berkshire Hospital, London Road, Reading, at 8pm. Mr M. R. Insall, inspector, Department of Health and Social Security, on "Statutory sick pay — what you need to know".



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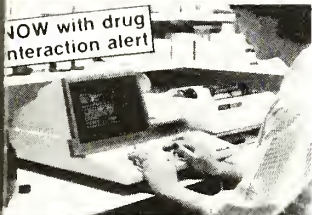
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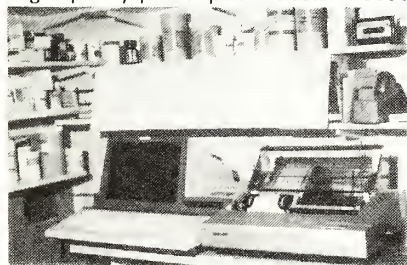
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